


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90093 008 \*\*\*\*70.00

**DOCUMENT # N99000005314**

1. Entity Name  
**FIRST BAPTIST CHURCH OF CRESTVIEW, INC.**



Principal Place of Business      Mailing Address

**102 EAST CEDAR AVENUE  
CRESTVIEW FL 32536**      **798 PEARL ST., NORTH  
CRESTVIEW FL 32536**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0737873**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SIMPSON, JAMES  
798 PEARL STREET, NORTH  
CRESTVIEW FL 32536**

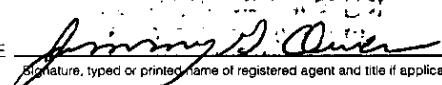
7. Name and Address of New Registered Agent

Name **JIMMY G. OWEN**

Street Address (P.O. Box Number is Not Acceptable)  
**798 PEARL STREET, NORTH**

City **CRESTVIEW**      FL      Zip Code **32536**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **JIMMY G. OWEN**      DATE **4-11-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees      **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | <b>CD</b>                 | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>SIMPSON, JAMES</b>     |  |
| STREET ADDRESS | <b>798 PEARL ST., N</b>   |  |
| CITY-ST-ZIP    | <b>CRESTVIEW FL 32536</b> |  |
| TITLE          | <b>VCD</b>                | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>GORDON, JOE</b>        |  |
| STREET ADDRESS | <b>798 PEARL ST., N</b>   |  |
| CITY-ST-ZIP    | <b>CRESTVIEW FL 32536</b> |  |
| TITLE          | <b>SD</b>                 | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>EWERDS, LARRY</b>      |  |
| STREET ADDRESS | <b>798 PEARL ST., N</b>   |  |
| CITY-ST-ZIP    | <b>CRESTVIEW FL 32536</b> |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          | <b>CD</b>                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>JIMMY G. OWEN</b>           |  |
| STREET ADDRESS | <b>798 PEARL STREET, NORTH</b> |  |
| CITY-ST-ZIP    | <b>CRESTVIEW, FL 32536</b>     |  |
| TITLE          | <b>VCD</b>                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>LAWTON L. BITSDEN, SR.</b>  |  |
| STREET ADDRESS | <b>798 PEARL ST., NORTH</b>    |  |
| CITY-ST-ZIP    | <b>CRESTVIEW, FL 32536</b>     |  |
| TITLE          | <b>SD</b>                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>HAYWARD J. DAVIS</b>        |  |
| STREET ADDRESS | <b>798 PEARL ST., NORTH</b>    |  |
| CITY-ST-ZIP    | <b>CRESTVIEW, FL 32536</b>     |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JIMMY G. OWEN**      DATE **11 APR 03**      PHONE **850-682-2544**

CR2E037 (10/02)