

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11874

**FILED**  
**Jan 14, 2015**  
**Secretary of State**  
**CC0521730309**

**Entity Name:** FIRST BAPTIST CHURCH OF CRAWFORDVILLE, INC.

**Current Principal Place of Business:**

3086 CRAWFORDVILLE HWY  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

3086 CRAWFORDVILLE HWY  
CRAWFORDVILLE, FL 32327 US

**FEI Number:** 59-1099746

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FRANCES C. LOWE ATTORNEY  
3042 CRAWFORDVILLE HIGHWAY  
CRAWFORDVILLE, FL 32327 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title T  
Name HARVEY, HELEN  
Address 268 HARVEY MILL ROAD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title T  
Name DAVIS, MAX  
Address 358 J.K. MOORE ROAD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title T  
Name NORRIS, MARVIN  
Address 139 COUNCIL MOORE ROAD  
City-State-Zip: CRAWFORDVILLE FL 32327

Title T  
Name FERRELL, SHERYL  
Address P.O. BOX 1295  
City-State-Zip: CRAWFORDVILLE FL 32326

Title T  
Name CALHOUN, BUTCH  
Address P.O. BOX 1712  
City-State-Zip: CRAWFORDVILLE FL 32327

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HELEN HARVEY

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01/14/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date