

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11874

**FILED**  
**Apr 18, 2018**  
**Secretary of State**  
**CC1106336217**

**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  
3119 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 TRUSTEE  
Name COOK, EMIL RAY  
Address P.O. BOX 35  
City-State-Zip: CRAWFORDVILLE FL 32326

Title TRUSTEE  
Name PEACOCK, RODNEY  
Address 141 GLOVER LANE  
City-State-Zip: CRAWFORDVILLE FL 32327

Title TRUSTEE  
Name BARWICK, ELISE  
Address P.O. BOX 247  
City-State-Zip: CRAWFORDVILLE FL 32326

Title TRUSTEE  
Name TAYLOR, CHARLES E.  
Address 15 OAKLAND DRIVE  
City-State-Zip: CRAWFORDVILLE FL 32327

Title TRUSTEE  
Name HENDERSON, BOBBY JACK  
Address P.O BOX 265  
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: BOBBY JACK HENDERSON**

**TRUSTEE - CHAIRMAN**

**04/18/2018**

Electronic Signature of Signing Officer/Director Detail

Date