

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90037 045 ****70.00

DOCUMENT # 765427 1. Entity Name THE CRYSTAL BEACH COMMUNITY CHURCH, INCORPORATED					
Principal Place of Business 625 CRYSTAL BEACH AVE. P. O. BOX 571 CRYSTAL BEACH, FL 34681			Mailing Address 625 CRYSTAL BEACH AVE. P. O. BOX 571 CRYSTAL BEACH, FL 34681		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-3543369				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRADLEY, JAMES 609 CRYSTAL BEACH AVE CRYSTAL BEACH, FL 34681					
7. Name and Address of New Registered Agent Name REV. DR. PATRICIA SUE CASHION Street Address (P.O. Box Number is Not Acceptable) 609 CRYSTAL BEACH AVE. P.O. Box 571 City CRYSTAL BEACH FL Zip Code 34681					
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 <u>PATRICIA SUE CASHION</u> <u>Patricia Sue Cashion</u> <u>3-4-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYBURN, CHARLES		NAME	Gary Kriston	
STREET ADDRESS	211 LAGOON DRIVE P O BOX 203		STREET ADDRESS	1105 Daleside Lane	
CITY-ST-ZIP	OZONA, FL 34660		CITY-ST-ZIP	TRINITY, FL 34655	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRISTON, GARY		NAME	Hank Ausse	
STREET ADDRESS	1105 DALESIDE LANE		STREET ADDRESS	3843 Tarpon Pointe Circle	
CITY-ST-ZIP	TRINITY, FL 34655		CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAVINSKY, JULIAN		NAME	Keith Felton	
STREET ADDRESS	8752 LINEBROOK DRIVE		STREET ADDRESS	3104 Orchard Drive	
CITY-ST-ZIP	TRINITY, FL 34655		CITY-ST-ZIP	Palm Harbor, FL 3468	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, APRILMAE		NAME	→ Same	
STREET ADDRESS	1790 LILLIAN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP		
TITLE	HD	<input checked="" type="checkbox"/> Delete	TITLE	HD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADCLIFFE, KEITH		NAME	Tom Wilke	
STREET ADDRESS	1406 WATERMILL CIRCLE		STREET ADDRESS	1117 Ridge Drive	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Gary P. Kriston, President <u>Gary P. Kriston</u> <u>3-4-08</u> <u>(727) 372-6094</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					