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DIVISION OF CORPORATIONS
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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # N03359 (9)

1. Corporation Name
FIRST CHURCH OF GOD OF CRYSTAL RIVER INC.

Principal Place of Business Mailing Address

**419 N ROCK CRUSHER RD
 CRYSTAL RIVER FL 34429
 US**

**419 N ROCK CRUSHER RD
 CRYSTAL RIVER FL 34429
 US**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/31/1984** 3a. Date of Last Report **03/30/1994**

4. FEI Number **59-2915209** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**SPATE, GARY
 6233 W PINEDALE CIR
 CRYSTAL RIVER FL 34429**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DILLEY, DARRELL 10455 S GUNGOAST BLVD, #17 HOMOSASSA FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	SECRETARY / DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DENNIS JONES 3830 S PIGEON TERR HOMOSASSA FL 34448
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SPATE, GARY 6233 W PINEDALE CIR CRYSTAL RIVER FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KUFELDT, STEVEN J 5783 W. WOODSIDE DR CRYSTAL RIVER FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SAVARY, PAMELA 5110 S MOORELAND PT. HOMOSASSA FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RODNEY THOMPSON 485 DUNKENFIELD AVE CRYSTAL RIVER FL 34429
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOLTZ, JAN 1209 N. LION CUB POINT LECANTO FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Steven J. Kufeldt 1-14-95 904-795-5553

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Steven J. Kufeldt, President (Pastor)** Date System Name