

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N03359

1-29-96 B-0442-C (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

3. Date Incorporated or Qualified
05/31/1984

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2915209

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **SD JONES, DENNIS**
STREET ADDRESS **3830 S PIGEON TERR**
CITY - ST - ZIP **HOMOSASSA FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE DELETE
NAME **CD SPATE, GARY**
STREET ADDRESS **6233 W PINEDALE CIR**
CITY - ST - ZIP **CRYSTAL RIVER FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE DELETE
NAME **P KUFELDT, STEVEN J**
STREET ADDRESS **5783 W. WOODSIDE DR**
CITY - ST - ZIP **CRYSTAL RIVER FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE DELETE
NAME **T THOMPSON, RODNEY**
STREET ADDRESS **485 DUNKENFIELD AVE**
CITY - ST - ZIP **CRYSTAL RIVER FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DELETE
NAME **D FOLTZ, JAN**
STREET ADDRESS **1209 N. LION CUB POINT**
CITY - ST - ZIP **LECANTO FL**

5.1 TITLE Change Addition
5.2 NAME **D HUNT, CHARLES**
5.3 STREET ADDRESS **751 N MAYNARD AVE**
5.4 CITY - ST - ZIP **LECANTO FL 34461-9744**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 119.07(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

Steven J. Kufeldt

1/17/96 352-795-5553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)