

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **N03359** (9)
1. Corporation Name
FIRST CHURCH OF GOD OF CRYSTAL RIVER INC.



Principal Place of Business 419 N ROCK CRUSHER RD CRYSTAL RIVER FL 34429 US	Mailing Address 419 N ROCK CRUSHER RD CRYSTAL RIVER FL 34429 US
-----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

3. Date Incorporated or Qualified
05/31/1984

4. FEI Number
59-2915209

Applied For	Not Applicable
-------------	----------------

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

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

22. City & State

27. City & State

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

23. Zip

28. Zip

7. Is this nonprofit corporation a homeowners association?
 Yes No

24. Country

30. Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BENEFIELD, LORRAINE	
STREET ADDRESS	5579 W PINE CIR	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SPATE, GARY	
STREET ADDRESS	6233 W PINEDALE CIR	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KUFELDT, STEVEN J	
STREET ADDRESS	5783 W. WOODSIDE DR	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	THOMPSON, RODNEY	
STREET ADDRESS	485 DUNKENFIELD AVE	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUNT, CHARLES	
STREET ADDRESS	751 N. MAYNARE AVENUE	
CITY-ST-ZIP	LECANTO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TOBY LILLEY	
1.3 STREET ADDRESS	5 Gebera Ct.	
1.4 CITY-ST-ZIP	HOMOSASSA, FL. 34446	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. **TRUSTEE CHAIRMAN.**

SIGNATURE: **GARY SPATE** **REDRY SPATE** **1/14/98**

CR2E037 (10/97)