## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999

DOCUMENT # N03359

1. Corporation Name

FIRST CHURCH OF GOD OF CRYSTAL RIVER INC.

Principal Place of Business

Mailing Address

## **FILED** Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90215 022 \*\*\*\*61.25



419 N ROCK CRUSHER RD CRYSTAL RIVER FL 34429 US		419 N ROCK CRUSHER RD CRYSTAL RIVER FL 34429 US						
2. Princ	2. Principal Place of Business 2a. Mailing Address 26				3. Date Incorporated or Qualifed 05/31/1984			
	. Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number	Ap	plied For	
22		27			59-2915209	No	t Applicable	
_	& State	City & State	City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Zip 24	Country 25	Zip 29 30	Country		6. Election Campaign Financing Trust Fund Contribution	scing \$5.00 May Be Added to Fees		
24	9. Name and Address of Curre	11	-		10. Name and Address of New Registered	Agent		
			81	Name				
SPATE, GARY			82	Street Add	et Address (P.O. Box Number is Not Acceptable)			
	W PINEDALE CIR		83					
CHY	STAL RIVER FL 34429							
			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.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		Addition	
TITLE	SD	☐ DELETE	1.1 TITLE		GARY FOLTZ	Change	L Addison	
NAME	BENEFIELD, LORRAINE		1.2 NAME		1209 N. LION CUB POIN	11		
STREET AD			1.3 STREE	ADDRÉSS .	LECANTO, FL. 3440 34 DANIEL OAKES 937 N. HCGOWAN AV. CRYSTAL RIVER, FL 344	4101		
CITY-ST-Z		☐ DELETE	1.4 CITY-S	T-ZIP	7 0 0 0 7	☐ Change	Addition	
TITLE	CD	☐ DELETE	2.1 TITLE	f	Daniel Oakes	Change	7 100110011	
NAME	SPATE, GARY		2.2 NAME 2.3 STREET		937 N. HCGOWAN AV	ع		
STREET AD				ADDRESS	Povetal Ruse El 344	29	1	
CITY-ST-ZI	P CRYSTAL RIVER FL	<b>™</b> DELETE	2. 4 CITY-S 3.1 TITLE	11-ZIP	CRYSIM KIVER, FT 011	Change	Addition	
NAME	TOBY LILLEY	<b>A</b> 3222.12	3.2 NAME			_ •	_	
STREET AD			3.3 STREE	TANDRESS				
CITY-ST-Z	U04004004 FL 04440		3.4. CITY- S					
TITLE	T	☐ DELETE	4.1 TITLE	.,		Change	Addition	
NAME	THOMPSON, RODNEY		4, 2 NAME					
STREET AD		i	4.3 STREE	T ADDRESS				
CITY-ST-Z	COVOTAL DIVER EL		4.4 CITY-S	T-ZIP				
TITLE	D	☐ DELETE	5.1 TITLE			Change	Addition	
NAME	HUNT, CHARLES		5.2 NAME					
STREET AD	DRESS 751 N. MAYNARE AVENUE	:	5.3 STREE	ADDRESS				
CiTY-ST-Z	P LECANTO FL		5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME			6.2 NAME				Ī	
STREET AD	DRESS		6.3 STREE	TADORESS				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered. CITY-ST-ZIP

**SIGNATURE:**