

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03359

FILED
Jan 05, 2005
Secretary of State

Entity Name: FIRST CHURCH OF GOD OF CRYSTAL RIVER INC.

Current Principal Place of Business:

419 N ROCK CRUSHER RD
CRYSTAL RIVER, FL 34429 US

New Principal Place of Business:

Current Mailing Address:

419 N ROCK CRUSHER RD
CRYSTAL RIVER, FL 34429 US

New Mailing Address:

FEI Number: 59-2915209 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPATE, MATTHEW
5961 W PINE CIRCLE
CRYSTAL RIVER, FL 34429 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SPATE, MATTHEW
Address: 5961 W PINE CIRCLE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: SD () Delete
Name: KIRKPATRICK, LYNDA
Address: 1009 S CANDLENUT AVE
City-St-Zip: HOMOSASSA, FL 34448

Title: T () Delete
Name: THOMPSON, RODNEY
Address: 2140 CEDARHOUSE TERR
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: VP () Delete
Name: HUNT, CHARLES
Address: 751 N MAYNARD AVE
City-St-Zip: LECANTO, FL 34461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW SPATE

PRES

01/05/2005

Electronic Signature of Signing Officer or Director

_____ Date