

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 05, 2005  
Secretary of State**

DOCUMENT# N03359

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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

01/05/2005

\_\_\_\_\_  
Date