

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # N03359**  
 1. Entity Name  
**FIRST CHURCH OF GOD OF CRYSTAL RIVER INC.**

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



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2915209**      Not Applicable  
 5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

1st MOORE      CR2E037 (10/06)

6. Name and Address of Current Registered Agent  
**OAKES, DANIEL D PASTOR**  
**6019 W. WOODSIDE CIRCLE**  
**CRYSTAL RIVER FL 34429**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KEERAN, RICHARD 1209 N. LION CUB POINT LECANTO FL 34461	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BURNS, CHERYL 8939 W. CANDLEGLOW STREET CRYSTAL RIVER FL 34428	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S THOMPSON, LUCY 2140 CEDARHOUSE TERRACE CRYSTAL RIVER FL 34428	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T THOMPSON, RODNEY 2140 CEDARHOUSE TERRACE CRYSTAL RIVER FL 34428	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Rodney Thompson*      **RODNEY THOMPSON**      1-19-07      (352) 795-5513