## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03359

FILED Jun 23, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 419 N ROCK CRUSHER RD CRYSTAL RIVER, FL 34429 US

**Current Mailing Address: New Mailing Address:** 

419 N ROCK CRUSHER RD CRYSTAL RIVER, FL 34429 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OAKES, DANIEL D PASTOR OAKES, DANIEL D PASTOR 6019 W. WOODSIDE CIRCLE 6019 W WOODSIDE CIRCLE CRYSTAL RIVER, FL 34429 US CRYSTAL RIVER, FL 34429 US

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: DANIEL DOAKES 06/23/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete KEERAN, RICHARD KEERAN, RICHARD Name: Name: Address: 1209 N. LION CUB POINT Address: 1209 N LION CUB POINT City-St-Zip: LECANTO, FL 34461 City-St-Zip: LECANTO, FL 34461

Title: () Delete Title: (X) Change ( ) Addition

BURNS, CHERYL Name: Name: BRACE, STEVE Address: 8939 W. CANDLEGLOW STREET Address:

6922 W GRANT STREET City-St-Zip: CRYSTAL RIVER, FL 34428 City-St-Zip: HOMOSASSA, FL 34448

Title: () Delete Title: () Change () Addition

THOMPSON, LUCY Name: Name: 2140 CEDARHOUSE TERRACE Address: Address: City-St-Zip: CRYSTAL RIVER, FL 34428 City-St-Zip:

Title: ( ) Delete Title: () Change () Addition

THOMPSON, RODNEY Name: Name: 2140 CEDARHOUSE TERRACE Address: Address: City-St-Zip: CRYSTAL RIVER, FL 34428 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RODNEY THOMPSON Т 06/23/2009