

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2003 8:00 am
Secretary of State

01-23-2003 90127 037 ****61.25

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



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

Mailing Address
**419 N ROCK CRUSHER RD
CRYSTAL RIVER FL 34429
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-2915209**

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**OAKES, DANIEL
7061 W COTTAGE LANE
CRYSTAL RIVER FL 34429**

7. Name and Address of New Registered Agent
Name **MATTHEW SPATE**
Street Address (P.O. Box Number is Not Acceptable)
5961 W. PINE CIRCLE
City **CRYSTAL RIVER** FL Zip Code **34429**

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 *Matthew Spate* **1-14-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DUNN, PAMELA	
STREET ADDRESS	5110 S MOORELAND PT	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DUNN, BRIAN	
STREET ADDRESS	5110 MOORELAND PT	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SPATE, GARY	
STREET ADDRESS	6233 W PINEDALE CIR	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	T	<input type="checkbox"/> Delete
NAME	THOMPSON, RODNEY	
STREET ADDRESS	2140 CEDARHOUSE TERR	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNT, CHARLES	
STREET ADDRESS	751 N. MAYNARD AVENUE	
CITY-ST-ZIP	LECANTO FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	OAKES, DANIEL	
STREET ADDRESS	7061 W COTTAGE LANE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P MATTHEW SPATE	
STREET ADDRESS	5961 W. PINE CIRCLE	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRK PATRICK, LYNDA	
STREET ADDRESS	1009 S. CANDLENUT AVE	
CITY-ST-ZIP	HOMOSASSA, FL 34448	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V-P HUNT, CHARLES	
STREET ADDRESS	751 N. MAYNARD AVE	
CITY-ST-ZIP	LECANTO, FL 34461	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 authority like empowered.

SIGNATURE: *Matthew Spate* **1-14-03** **352-795-5553**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)