


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # N05000003734</b>	
1. Entity Name <b>CRYSTAL SPRINGS WORSHIP CENTER INC.</b>	

Principal Place of Business <b>2155 PAUL BUCHMAN HIGHWAY P.O. BOX 520 CRYSTAL SPRINGS FL 33524</b>	Mailing Address <b>2155 PAUL BUCHMAN HIGHWAY P.O. BOX 520 CRYSTAL SPRINGS FL 33524</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**FILED**  
06 AUG -7 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
07/19/06 900.08 025  
2nd MOORE CR2E037 (4/06) \$61.25

6. Name and Address of Current Registered Agent  <b>STRICKLAND, JOHN 403 EUCLID AVENUE SEFFNER FL 33584</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4626 Keene Rd.</b> City <b>Plant City</b> FL <b>33865</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PVD STRICKLAND, JOHN 403 EUCLID AVENUE SEFFNER FL 33584</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PVD Strickland, John 4626 Keene Rd Plant City FL 33565</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD YEAGER, GLENDA 36047 COLEUS AVENUE ZEPHYRHILLS FL 33541</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD THOMAS, GLENDA 4843 Sunanne St Zephyrhills, FL 33542</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MONEY, JERRY TRUSTEE 2708 KEENE CAMPBELL ROAD PLANT CITY FL 33565</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BODIFORD, RAYMOND TRUSTEE 4833 CORAL STREET PLANT CITY FL 33542</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D FERGUSON, EDWARD TRUSTEE 33903 TERRACE BLVD WESLEY CHAPEL FL 33543</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GALYAN, JOEY TRUSTEE 4611 COURT STREET ZEPHYRHILLS FL 33542</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 information.

**SIGNATURE: Glenda L Thomas** **GLENDA THOMAS**  
SECY/TREASURER