

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003734

FILED  
Feb 16, 2009  
Secretary of State

**Entity Name:** CRYSTAL SPRINGS WORSHIP CENTER INC.

**Current Principal Place of Business:**

2155 PAUL BUCHMAN HIGHWAY  
CRYSTAL SPRINGS, FL 33524

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 520  
CRYSTAL SPRINGS, FL 33524

**New Mailing Address:**

**FEI Number:** 13-4296843

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STRICKLAND, JOHN  
4626 KEENE ROAD  
PLANT CITY, FL 33865 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: PVD ( ) Delete  
Name: STRICKLAND, JOHN  
Address: 4626 KEENE ROAD  
City-St-Zip: PLANT CITY, FL 33565

Title: STD ( ) Delete  
Name: THOMAS, GLENDA L  
Address: 4843 SUZANNE STREET  
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: D ( ) Delete  
Name: MONEY, JERRY TRUSTEE  
Address: 2708 KEENE CAMPBELL ROAD  
City-St-Zip: PLANT CITY, FL 33565

Title: D ( ) Delete  
Name: FERGUSON, EDWARD TRUSTEE  
Address: 38749 HENRY DRIVE  
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: D ( ) Delete  
Name: GALYAN, JOEY TRUSTEE  
Address: 4611 COURT STREET  
City-St-Zip: ZEPHYRHILLS, FL 33542

**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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: JOHN STRICKLAND

PVD

02/16/2009

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

\_\_\_\_\_  
Date