

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

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90075 040 \*\*\*\*61.25



**DOCUMENT # N12815**  
 1. Entity Name  
**STAR OF BETHLEHEM, OLD REGULAR BAPTIST CHURCH OF JESUS CHRIST, INC.**  
*DBA - CRYSTAL SPRINGS COMMUNITY CHURCH*

Principal Place of Business  
**39121 CENTRAL AVE**  
**CRYSTAL SPRINGS FL 33524**  
**US**

Mailing Address  
**23753 FOREST VIEW DR.**  
**LAND O LAKES FL 34639**



2. Principal Place of Business  
*SAME*

3. Mailing Address  
*SAME*

Suite, Apt. #, etc.  
*SAME*

City & State  
*SAME*

1st MOORE CR2E037 (10/05)

Zip  
*—*

Country  
**PASCO**

Zip  
*—*

Country  
**USA**

4. FEI Number  
**59-2994024**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**COMPTON, KENNETH R**  
**23753 FOREST VIEW DR.**  
**LAND O LAKES FL 34639**

7. Name and Address of New Registered Agent  
 Name *SAME*  
 Street Address (P.O. Box Number is Not Acceptable) *SAME*  
 City *SAME* **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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	PTD	<input type="checkbox"/> Delete
NAME	COMPTON, WILLIAM JR	
STREET ADDRESS	102 JEAN ANN AVENUE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	STD	<input type="checkbox"/> Delete
NAME	COMPTON, KENNETH	
STREET ADDRESS	23753 FOREST VIEW DRIVE	
CITY-ST-ZIP	LAND O LAKES FL 34639 -4844	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COMPTON, MARCUS W	
STREET ADDRESS	23613 WOODGLEN AVE	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	D	<input type="checkbox"/> Delete
NAME	HINMAN, RICHARD	
STREET ADDRESS	38936 MILLER AVE.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>ELIZABETH COMPTON</i>	
STREET ADDRESS	<i>102 JEAN ANN AVE</i>	
CITY-ST-ZIP	<i>SEFFNER FL 33584</i>	
TITLE	<i>D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>JACQUELIN L. COMPTON</i>	
STREET ADDRESS	<i>23753 FOREST VIEW DR.</i>	
CITY-ST-ZIP	<i>LAND O' LAKES, FL 34639-4844</i>	
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 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 another listing empowered.

SIGNATURE: *Kenneth R. Compton*

*2-03-06* *813.995-0672*