FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 1:54

DOCUMENT # N36858 (1)

1. Corporation Name
CRYSTAL SPRINGS FIRST ASSEMBLY OF GOD, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 510 CRYSTAL SPRINGS FL 33524	POST OFFICE BOX 510 CRYSTAL SPRINGS FL 33524

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1990
3a. Date of Last Report: 02/22/1994
4. FEI Number: 59-2870515 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCADAMS, STEVE A., REV
7020 FORBES RD.
ZEPHYRHILLS FL 33540

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Steve A. McAdams, Rev. Rev. Steve A. McAdams 1/21/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MCADAMS, STEVE A.,REV.	1.2 NAME	
STREET ADDRESS	7020 FORBES RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	MULLIS, CARLOS	2.2 NAME	Willard W. Fee JR
STREET ADDRESS	PO BOX 91 N/A	2.3 STREET ADDRESS	5843 18th St
CITY-ST-ZIP	CRYSTAL SPRINGS FL 33524	2.4 CITY-ST-ZIP	Z-Hills, Fl. 33540
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	OLSON, STEVE	3.2 NAME	Willard W. Fee SR.
STREET ADDRESS	3205 GLORIA AVE	3.3 STREET ADDRESS	3350 Sandy Dr.
CITY-ST-ZIP	PLANT CITY FL 33567	3.4 CITY-ST-ZIP	Z-Hills, Fl. 33541
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	RODAN, JOSE SR	4.2 NAME	
STREET ADDRESS	40030 CR 54-A	4.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rev. Steve A. McAdams 1/21/95 813 788 1612
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0083180