

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N36858 (1)
1. Corporation Name
CRYSTAL SPRINGS FIRST ASSEMBLY OF GOD, INC.



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

Mailing Address
**POST OFFICE BOX 510
CRYSTAL SPRINGS FL 33524**

3. Date Incorporated or Qualified **02/26/1990** 3a. Date of Last Report **02/01/1995**

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**

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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title of agent

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCADAMS, STEVE A., REV.	12 NAME	
STREET ADDRESS	7020 FORBES RD.	13 STREET ADDRESS	
CITY - ST - ZIP	ZEPHYRHILLS FL	14 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEE, WILLARD JR	22 NAME	Julio Pantoja
STREET ADDRESS	5843 18 ST	23 STREET ADDRESS	3806 KAPPA AVE
CITY - ST - ZIP	Z-HILLS FL	24 CITY - ST - ZIP	ZEPHYRHILLS, FL 33540
TITLE	D <input checked="" type="checkbox"/> DELETE	31 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEE, WILLARD SR	32 NAME	Jack Mullis
STREET ADDRESS	3350 SAND DR	33 STREET ADDRESS	P.O. Box 287
CITY - ST - ZIP	Z-HILLS FL	34 CITY - ST - ZIP	CRYSTAL SPRINGS, FL 33524
TITLE	D <input checked="" type="checkbox"/> DELETE	41 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODAN, JOSE SR	42 NAME	Wilbur Posey
STREET ADDRESS	40030 CR 54-A	43 STREET ADDRESS	37220 Geiger Rd.
CITY - ST - ZIP	ZEPHYRHILLS FL 33540	44 CITY - ST - ZIP	Zephyrhills, FL 33541
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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)(k), 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 McAdams* **2/6/96** **813 788 1612**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)