

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N36858 (1)
1. Corporation Name
CRYSTAL SPRINGS FIRST ASSEMBLY OF GOD, INC.Principal Place of Business Mailing Address
POST OFFICE BOX 510 POST OFFICE BOX 510
CRYSTAL SPRINGS FL 33524 CRYSTAL SPRINGS FL 33524-05103. Date Incorporated or Qualified 02/26/1990 3a. Date of Last Report 02/08/1996
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 ☐ No2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 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 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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCADAMS, STEVE A., REV.	
STREET ADDRESS	7020 FORBES RD.	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PANTOJA, JULIO	
STREET ADDRESS	38806 KAPOK AVENUE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MULLIS, JACK	
STREET ADDRESS	POST OFFICE BOX 287 38835 4th AVE	
CITY-ST-ZIP	CRYSTAL SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	POSEY, WILBUR	
STREET ADDRESS	37220 GEIGER ROAD	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PETE HERNANDEZ
2.3 STREET ADDRESS	39607 MEADOW WOOD LOOP
2.4 CITY-ST-ZIP	ZEPHYRHILLS, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BERNARD COYNE
4.3 STREET ADDRESS	37210 GEIGER RD.
4.4 CITY-ST-ZIP	ZEPHYRHILLS, FL
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	STEVE OLSON
5.3 STREET ADDRESS	3205 GLORIA AV
5.4 CITY-ST-ZIP	PLANT CITY, FL
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CHARLES MATTHEWS
6.3 STREET ADDRESS	POST OFFICE BOX 421 4115 2 Satorus Rd.
6.4 CITY-ST-ZIP	CRYSTAL SPRINGS, FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Steve McAdams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0046747

CR2E037 (9/96)