


FILE NOW: FILING FEE IS \$61.25

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Feb 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36858** (1)  
1. Corporation Name  
**CRYSTAL SPRINGS FIRST ASSEMBLY OF GOD, INC.**



Principal Place of Business <b>POST OFFICE BOX 510 CRYSTAL SPRINGS FL 33524</b>	Mailing Address <b>POST OFFICE BOX 510 CRYSTAL SPRINGS FL 33524</b>
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3. Date Incorporated or Qualified <b>02/26/1990</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-2870515</b>	

2. Principal Place of Business 21 <b>2155 Hwy. 39 South</b> Suite, Apt. #, etc. 22 City & State 23 <b>CRYSTAL SPRING FL.</b> Zip 24 <b>33524</b>	2a. Mailing Address 26 <b>Post Office Box 510</b> Suite, Apt. #, etc. 27 City & State 28 <b>CRYSTAL SPRING FL.</b> Zip 29 <b>33524</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 <b>STRICKLAND, Johnny M., REV.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>403 EUCLID AVE</b>
83
84 City <b>SEFFNER</b>
85 Zip Code <b>FL 33584</b>

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Johnny M. Strickland** *Johnny M. Strickland* **2-1-98**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCADAMS, STEVE A., REV.</b> <b>7020 FORBES RD.</b> <b>ZEPHYRHILLS FL</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>D</b> <b>STRICKLAND, Johnny M., REV.</b> <b>403 EUCLID AVE</b> <b>SEFFNER, FL. 33584</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HERNANDEZ, PETE</b> <b>39607 MEADOW WOOD LOOP</b> <b>ZEPHYRHILLS FL</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D</b> <b>Baty Jr. John</b> <b>2207 BRUTON RD</b> <b>Plant City FL. 33566</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MULLIS, JACK</b> <b>38835 4TH AVE</b> <b>CRYSTAL SPRINGS FL</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>D</b> <b>HOWARD RAY</b> <b>PO BOX 1843</b> <b>ZEPHYRHILLS FL. "N/A"</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COYNE, BERNARD</b> <b>37210 GEIGER RD</b> <b>ZEPHYRHILLS FL</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>HECKER, CHARLES R.</b> <b>4136 COURT ST.</b> <b>ZEPHYRHILLS FL.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OLSON, STEVE</b> <b>3205 GLORIA AVE</b> <b>PLANT CITY FL</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>D</b> <b>LAW, SEELY T</b> <b>2412 DAKDALE ST.</b> <b>SEFFNER, FL. 33584</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MATTHEWS, CHARLES</b> <b>41152 SUTORUS RD</b> <b>CRYSTAL SPRINGS FL</b>	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing 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. Johnny Strickland* **REV. Johnny Strickland 2-1-98** (813) 788-1112

CR2E037 (1097)