

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90074 008 ****61.25

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DOCUMENT # N36858

1. Corporation Name

CRYSTAL SPRINGS FIRST ASSEMBLY OF GOD, INC.

Principal Place of Business

2155 HWY. 39 S.
CRYSTAL SPRINGS FL 33524
US

Mailing Address

POST OFFICE BOX 520
CRYSTAL SPRINGS FL 33524

1 00000 0000 0000 0000 0000 0000 0000 0000 0000
4 6 7 0 4 5 - 9 0 0 7 4 - 8 5



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Post office Box 520

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

02/26/1990

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

9. Name and Address of Current Registered Agent

STRICKLAND, JOHNNY M. R.
403 EUCLID AVE.
SEFFNER FL 33584

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 *Rev. Johnny M. Strickland*
Signature, typed or printed name of registered agent and title if applicable.

Rev. Johnny M. Strickland Pastor
(NOTE: Registered Agent signature required when reinstating)

2-15-99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME STRICKLAND, JOHNNY M. R.
STREET ADDRESS 403 EUCLID AVE.
CITY-ST-ZIP SEFFNER FL 33584

TITLE ☒ DELETE

NAME BATY, JOHN JR.
STREET ADDRESS 2207 BEUTON RD.
CITY-ST-ZIP PLANT CITY FL 33565

TITLE ☒ DELETE

NAME HOWARD, RAY
STREET ADDRESS P.O. BOX 1893 (N/A)
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE ☒ DELETE

NAME HECKER, CHARLES
STREET ADDRESS 4136 COURT ST.
CITY-ST-ZIP ZEPHYRHILLS FL

TITLE ☐ DELETE

NAME LAW, SEELY T.
STREET ADDRESS 2412 OAKDALE ST.
CITY-ST-ZIP SEFFNER FL 33584

TITLE ☐ DELETE

NAME MATTHEWS, CHARLES
STREET ADDRESS 41152 SUTORUS RD
CITY-ST-ZIP CRYSTAL SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME JAMES A WENTWORTH
2.3 STREET ADDRESS 904 MORNING STAR DR.
2.4 CITY-ST-ZIP Lakeland FL 33810

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME CARL L. TRISCH
3.3 STREET ADDRESS 8102 CALL BLVD.
3.4 CITY-ST-ZIP Zephyrhills, FL 33541

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Rev. Johnny M. Strickland* SIGNATURE REQUIRED *Rev. Johnny M. Strickland Pastor 2-15-99 813 788-1612*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)