

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36858

1. Entity Name

CRYSTAL SPRINGS FIRST ASSEMBLY OF GOD, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90494 047 ****61.25

Principal Place of Business

Mailing Address

2155 HWY. 39 S.
CRYSTAL SPRINGS FL 33524
US

P.O. BOX 520
CRYSTAL SPRINGS FL 33524-0520

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2870515

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Johnny Strickland
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

3-2-2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STRICKLAND, JOHNNY M. R 403 EUCLID AVE. SEFFNER FL 33584 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WENTWORTH, JAMES A 904 MORNING STAR DR LAKELAND FL 33810 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TRISEH, CARL L 8102 GALL BLVD ZEPHYRHILLS FL 33541 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HECKER, CHARLES 4136 COURT ST. ZEPHYRHILLS FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LAW, SEELY T. 2412 OAKDALE ST. SEFFNER FL 33584 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MATTHEWS, CHARLES 41152 SUTORUS RD CRYSTAL SPRINGS FL | <input type="checkbox"/> Delete |

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Strickland, Johnny M. R 403 Euclid Ave Seffner FL 33584 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MATTHEWS, CHARLES 41152 SUTORUS RD. CRYSTAL SPRINGS FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LAW, SEELY T. 2412 OAKDALE ST. SEFFNER FL 33584 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T TRISEH, CARL L 8102 GALL BLVD. ZEPHYRHILLS FL 33541 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MONEY, JERRY 2708 KENN CAMPBELL RD. PLANT CITY, FL 33565 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T JAVIS, RICHARD PO BOX 758 CRYSTAL SPRINGS, FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Johnny Strickland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-2000

813-788-1612

Date

Daytime Phone #

CR2E037 (9/99)