

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** N93000000353 (3)  
1. Corporation Name  
**CRYSTAL SPRINGS BAPTIST CHURCH, INC.**

Principal Place of Business      Mailing Address  
**1320 Chaffee Rd. S.      12408 Trail Blazer Dr.**  
**Jacksonville, Fl. 32221      Jacksonville, Fl.**  
**32220**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/19/1993</b>		3a. Date of Last Report <b>02/26/96</b>	
21		26		4. FEI Number <b>59-3162714</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip		29 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
25 Country		30 Country					

**9. Name and Address of Current Registered Agent**

**John B. Higgins**  
**12408 Trail Blazer Dr.**  
**Jacksonville, Fl. 32220**

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Hodges, Thomas J. Deceased</b>	1.2 NAME	<b>Thompson, Carlton</b>
STREET ADDRESS	<b>10527 Old Plank Rd.</b>	1.3 STREET ADDRESS	<b>12031 Deborah Rd.</b>
CITY-ST-ZIP	<b>32220</b>	1.4 CITY-ST-ZIP	<b>Jacksonville, Fl. 32220</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Wilds, Virgil</b>	2.2 NAME	
STREET ADDRESS	<b>2233 Thiervy Dr.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Jacksonville, Fl. 32210</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Higgins, J.B.</b>	3.2 NAME	
STREET ADDRESS	<b>12408 Trail Blazer Dr.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Jacksonville, Fl. 32220</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S.</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Higgins, Patsy</b>	4.2 NAME	
STREET ADDRESS	<b>12408 Trail Blazer Dr.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Jacksonville, Fl. 32220</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AT</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Higgins, J.B.</b>	5.2 NAME	<b>200002133562</b>
STREET ADDRESS	<b>12408 Trail Blazer Dr. 32220</b>	5.3 STREET ADDRESS	<b>-04/04/97--01039--001</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>***61.25</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John B Higgins*

Date

Daytime Phone #

**3-26-97 (904) 786-8808**

CR2E037 (9/96)

**4-3-97**