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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N93000000353

1. Corporation Name

CRYSTAL SPRINGS BAPTIST CHURCH, INC.

Principal Place of Business

1320 CHAFFEE RD. S.
JACKSONVILLE FL 32221
US

Mailing Address

12408 TRAIL BLAZER DR.
JACKSONVILLE FL 32220



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24
HIGGINS, JOHN B
12408 TRAIL BLAZER DR.
JACKSONVILLE FL 32220

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/19/1993

4. FEI Number

59-3162714

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME THOMPSON, CARLTON
STREET ADDRESS 12031 DEBORAH RD.
CITY-ST-ZIP JACKSONVILLE FL 32220

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE DP
NAME HIGGINS, J B
STREET ADDRESS 12408 TRAILBLAZER DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32220

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE SD
NAME HIGGINS, PATSY
STREET ADDRESS 12408 TRAIL BLAZER DR.
CITY-ST-ZIP JACKSONVILLE FL 32220

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE AT
NAME HIGGINS, JOHN B
STREET ADDRESS 12408 TRAIL BLAZER DR
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D
NAME BRETT, JANET
STREET ADDRESS 9558 TAYLOR FIELD RD
CITY-ST-ZIP JACKSONVILLE FL 32222

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)