

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000000353**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3162714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

HIGGINS, JOHN E  
12408 TRAIL BLAZER DR.  
JACKSONVILLE FL 32220

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ Delete  
NAME BRETT, JANE  
STREET ADDRESS 9558 TAYLOR FIELD RD  
CITY-ST-ZIP JACKSONVILLE FL 32222

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 00000058088  
CITY-ST-ZIP 02/20/04-80016-002 61.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *John B Higgins* **John B Higgins** *2-14-04* *904-786-8800*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #