| I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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  |  |
| above, or on an attachment with all other like empowered.   |  |

SIGNATURE: MICHAEL CHAMBLISS

Electronic Signature of Signing Officer/Director Detail

# FEI Number: 59-2915209

#### Name and Address of Current Registered Agent:

CHAMBLISS, MICHAEL D REV. 6220 W. WOODSIDE CIR. CRYSTAL RIVER, FL 34429 US

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                 | : MICHAEL D. CHAMBLISS, PASTOR           |                 |                         | 01/27/2016 |  |  |
|---------------------------|--|-----------------|-------------------------|------------|--|--|
|                           | Electronic Signature of Registered Agent |                 |                         | Date       |  |  |
| Officer/Director Detail : |  |                 |                         |            |  |  |
| Title                     | VP                                       | Title           | Т                       |            |  |  |
| Name                      | KEERAN, RICHARD                          | Name            | THOMPSON, RODNEY        |            |  |  |
| Address                   | 1209 N LION CUB POINT                    | Address         | 2140 CEDARHOUSE TERRACE | Ξ          |  |  |
| City-State-Zip:           | LECANTO FL 34461                         | City-State-Zip: | CRYSTAL RIVER FL 34428  |            |  |  |
| Title                     | PRESIDENT                                | Title           | SECRETARY               |            |  |  |
| Name                      | CHAMBLISS, MICHAEL                       | Name            | MASON, TRUDEE           |            |  |  |
| Address                   | 2129 N. CEDARHOUSE TER                   | Address         | 5022 N. SACREMENTO AVE. |            |  |  |
| City-State-Zip:           | CRYSTAL RIVER FL 34428                   | City-State-Zip: | BEVERLY HILLS FL 34465  |            |  |  |

## Certificate of Status Desired: No

FILED Jan 27, 2016 Secretary of State CC9461172003

#### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03359

Entity Name: FIRST CHURCH OF GOD OF CRYSTAL RIVER INC.

#### **Current Principal Place of Business:**

419 N ROCK CRUSHER RD CRYSTAL RIVER. FL 34429

## **Current Mailing Address:**

419 N ROCK CRUSHER RD CRYSTAL RIVER. FL 34429 US

# PRESIDENT

01/27/2016

Date