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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 706647

1. Corporation Name
CROSSWAY BAPTIST CHURCH INC.

Principal Place of Business	Mailing Address
405 CROSSWAY ROAD TALLAHASSEE FL 32310-7478	405 CROSSWAY ROAD TALLAHASSEE FL 32310-7478

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip Country 29 30

3. Date Incorporated or Qualifed
01/02/1964

4. FEI Number
59-2355638
☐ Applied For
☐ Not Applicable

5. Certifcate 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

LEWIS, BETTY-JEAN
890 ANGELA DRIVE
TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent

81 Name: Sumner, Louise
82 Street Address (P.O. Box Number is Not Acceptable): 405 Crossway Road
83
84 City: Tallahassee FL 85 Zip Code: 32310

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: Louise Sumner, Secretary — 1-6-99
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	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COX, LAMAR		1.2 NAME		
STREET ADDRESS	#22 DEER TREE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RICHARDS, J. R.		2.2 NAME		
STREET ADDRESS	306 INGLEWOOD DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	LEWIS, BETTY JEAN		3.2 NAME	SUMNER, LOUISE	
STREET ADDRESS	890 ANGELA DRIVE		3.3 STREET ADDRESS	405 CROSSWAY ROAD	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	TALLAHASSEE,FL	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	BLALOCK		4.2 NAME	DODSON, WALTER	
STREET ADDRESS	1400 BUTTON WILLOW DR		4.3 STREET ADDRESS	5735 LA FRANCE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32310		4.4 CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE		☐ DELETE	5.1 TITLE	TD	☐ Change ☒ Addition
NAME			5.2 NAME	COUNCIL, WINNIE	
STREET ADDRESS			5.3 STREET ADDRESS	5767 LA FRANCE ROAD	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Louise Sumner, Secretary — Louise Sumner, Secretary — 1-6-99 — 850-877-5216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FILED