

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90041 010 ****61.25

DOCUMENT # 706647

1. Entity Name

CROSSWAY BAPTIST CHURCH INC.



Principal Place of Business

**405 CROSSWAY ROAD
TALLAHASSEE FL 32310-7478**

Mailing Address

**405 CROSSWAY ROAD
TALLAHASSEE FL 32310-7478**

30010591

2. Principal Place of Business

**405 Crossway Road
~~CROSSWAY 405 CROSSWAY~~
Suite, Apt. #, etc.**

3. Mailing Address

**405 Crossway Road
Suite, Apt. #, etc.**



☐ CHECK HERE IF MAKING CHANGES

City & State

Tallahassee, FL 32305

City & State

Tallahassee, FL 32305

4. FEI Number **59-2355638**

Applied For

Not Applicable

Zip

32305

Country

Leon

Zip

32305-7478

Country

Leon

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COX, LAMAR
#22 DEER TREE DR
TALLAHASSEE FL 32310**

7. Name and Address of New Registered Agent

Name
-COX, LAMAR-
Street Address (P.O. Box Number is Not Acceptable)
115 Nature Trail Way

Tallahassee, FL 32310

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
COX, LAMAR
#22 DEER TREE DRIVE
TALLAHASSEE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
RICHARDS, J. R.
308 INGLEWOOD DRIVE
TALLAHASSEE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
COUNCIL, WINNIE
5767 LA FRANCE ROAD
TALLAHASSEE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WALTER, MCCOLLISTER
7316 NUTS RUT RD
TALLAHASSEE FL 32305** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
COX, LAMAR
115 Nature Trail Way
Tallahassee, FL 32310** ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MCCOLLISTER, WALTER
3424 Thresher Drive
Tallahassee, FL 32312** ☒ Change ☐ Addition

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

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

CR2E037 (10/02)

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 **REQUIRED**

1-15-03 850/877-5216