

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736194

FILED
Apr 23, 2008
Secretary of State

Entity Name: CROSSROADS CHRISTIAN CHURCH - NEW SMYRNA BEACH, INC.

Current Principal Place of Business:

3838 STATE ROAD 44
NEW SMYRNA BCH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 187
NEW SMYRNA BCH, FL 32170 US

New Mailing Address:

FEI Number: 59-2376765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REECE, THOMAS D SR
112 CEDAR DUNES
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

PRESLEY, CHUCK
620 S. GLENCOE ROAD
NEW SMYRNA BEACH, FL 32169 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: CHUCK PRESLEY

04/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REECE, TOM
Address: 112 CEDAR DUNES
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D () Delete
Name: LING, BEN
Address: 2513 GLENWOOD DRIVE
City-St-Zip: EDGEWATER, FL 32141

Title: T () Delete
Name: LUTTRELL, ETHEL
Address: 321 PINE BREEZE DR
City-St-Zip: EDGEWATER, FL 32141

Title: D () Delete
Name: PRITCHARD, ALLAN
Address: 1033 MAGNOLIA CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PRESLEY, CHUCK
Address: 620 S. GLENCOE ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SAMMONS, EDITH
Address: 2312 TRAVELERS PALM DRIVE
City-St-Zip: EDGEWATER, FL 32141

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EDITH SAMMONS

T

04/23/2008

Electronic Signature of Signing Officer or Director

Date