2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2009
Secretary of State

DOCUMENT# 736194

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	PRESLEY, CHUCK	
Address:	620 S. GLENCOE ROAD	
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:	SAMMONS, EDITH	
Address:	2312 TRAVELERS PALM DRIVE	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: BEN LING D 05/02/2009

Electronic Signature of Signing Officer or Director — Date