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NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000000711 (0)**

1. Corporation Name

~~NAPLES EVANGELICAL FREE CHURCH, INC.~~
CROSSROADS COMMUNITY CHURCH OF NAPLES, INC.

Principal Place of Business
2055 TRADE CENTER WAY
NAPLES FL 33942
US

Mailing Address
~~2055 TRADE CENTER WAY~~
~~NAPLES FL 34109-6244~~
US

3. Date Incorporated or Qualified: 02/13/1995
3a. Date of Last Report: 04/15/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 PO Box 9333
Suite, Apt. #, etc.
27
City & State
28 NAPLES, FL
Zip 29 34101 Country 30 USA

4. FEI Number: 65-0630353 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~CARLSON, KEITH R~~
~~5340 14TH AVE. SW~~
~~NAPLES FL 33999~~

10. Name and Address of New Registered Agent

81 Name: BRADFORD G SMITH
82 Street Address (P.O. Box Number is Not Acceptable): 3461 BONITA BAY BLVD
83: SUITE 214
84 City: BONITA SPRINGS FL 85 Zip Code: 34134

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: B G Smith — 4/25/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANGSTROM, MERLIN 169 OAKWOOD DR. NAPLES FL 33942	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARLSON, KEITH R 5340 14TH AVE. SW NAPLES FL 33999	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TATSCH, CLINTON E 1440 GULF COAST DR. NAPLES FL 33963	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DIRECTOR DAVID STEINBERG 2854 BECCA AVE NAPLES FL 34112	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DIRECTOR BRADFORD G SMITH 3461 BONITA BAY BLVD SUITE 214 BONITA SPRINGS FL 34134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	400002184474 -05/20/97--01009--031 ***61.25	☐ Change ☐ Addition CS 5/8/97

CR2E037 (9/96)

14. I do 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.

SIGNATURE: B G Smith SIGNATURE REQUIRED — BRADFORD G SMITH — 4/25/97 — (941) 495-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #