

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000000711**

1. Entity Name

CROSSROADS COMMUNITY CHURCH OF NAPLES INC
DEPARTMENT OF STATE**FILED**
Jun 14, 2001 8:00 am
Secretary of State

06-14-2001 90011 013 ****61.25

Principal Place of Business

2016 TRADE CENTER WAY
NAPLES FL 34109
US

Mailing Address

2016 TRADE CENTER WAY
NAPLES FL 34109
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0630353

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SMITH, BRADFORD G
3461 BONITA BAY BLVD SUITE 214
BONITA SPRINGS FL 34134

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	MAGGARD, MICHAEL	
STREET ADDRESS	2142 ARBOUR WALK CIR 2614	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	D	☐ Delete
NAME	SMITH, BRADFORD G	
STREET ADDRESS	3461 BONITA BAY BLVD SUITE 214	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	☐ Delete
NAME	SIMMONS, RICK	
STREET ADDRESS	9809 CLEAR LAKE CIRCLE	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	D	☐ Delete
NAME	STEINBERG, DAVID	
STREET ADDRESS	2854 BECCA AVENUE	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	☐ Delete
NAME	ANGSTROM, METZLIN	
STREET ADDRESS	4199 LOS ALTOS COURT	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	D	☐ Delete
NAME	LARSEN, PAUL	
STREET ADDRESS	5869 22ND AVE SW	
CITY-ST-ZIP	NAPLES FL 34116	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: **BRADFORD G. SMITH, TREAS.**

5/29/01

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DO NOT WRITE IN THIS SPACE