2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004
Secretary of State

DOCUMENT# N95000000711

Entity Name: CROSSROADS COMMUNITY CHURCH OF NAPLES, INC.

Current Principal Place of Business:

2016 TRADE CENTER WAY
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

2016 TRADE CENTER WAY
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 65-0630353 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SMITH, BRADFORD G
2016 TRADE CENTER WAY
NAPLES, FL 34109 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: _____ 07/16/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MAGGARD, MICHAEL
Address: 2142 ARBOUR WALK CIR 2614
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete
Name: SMITH, BRADFORD G
Address: 3461 BONITA BAY BLVD SUITE 214
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete
Name: SIMMONS, RICK
Address: 9809 CLEAR LAKE CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete
Name: LARSEN, PAUL
Address: 5869 22ND AVE SW
City-St-Zip: NAPLES, FL 34116

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ANGSTROM, MERLIN
Address: 4199 LOS ALTOS COURT
City-St-Zip: NAPLES, FL 34109

Title: O (X) Change ( ) Addition
Name: SMITH, BRADFORD G
Address: 9976 TREASURE CAY LN
City-St-Zip: BONITA SPRINGS, FL 34135

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

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

Title: D ( ) Change (X) Addition
Name: BROCK, ROBERT
Address: 1686 MANDARIN RD
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRADFORD G SMITH O 07/16/2004
Electronic Signature of Signing Officer or Director — Date