

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000711

FILED
Apr 22, 2009
Secretary of State

Entity Name: CROSSROADS COMMUNITY CHURCH OF NAPLES, INC.

Current Principal Place of Business:

1055 PINE RIDGE RD
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

1055 PINE RIDGE RD
NAPLES, FL 34108 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
1055 PINE RIDGE RD
NAPLES, FL 34108 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: ANGSTROM, MERLIN
Address: 4199 LOS ALTOS COURT
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: SMITH, BRADFORD G
Address: 9976 TREASURE CAY LN
City-St-Zip: BONITA SPRINGS, FL 34135

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

Title: D () Delete
Name: BANNON, MICHAEL
Address: 1319 PIPER BLVD
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: MAXWELL, ROBERT
Address: 4625 HAWKS NEST DR 201
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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: BRADFORD G SMITH

S/T

04/22/2009

Electronic Signature of Signing Officer or Director

Date