


FILE NOW: FILING FEE IS \$61.25

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**Feb 17 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moftam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002004 (8)
1. Corporation Name
CROSSROADS CHRISTIAN CENTER, INC.



Principal Place of Business 9433 WHITTINGTON DRIVE JACKSONVILLE FL 32257	Mailing Address 9433 WHITTINGTON DRIVE JACKSONVILLE FL 32257-5439
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3. Date Incorporated or Qualified 04/24/1995	3a. Date of Last Report 04/30/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-3315358	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LAMBERT, JIMMY W
9433 WHITTINGTON DRIVE
JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	LAMBERT, JIMMY W
STREET ADDRESS	9433 WHITTINGTON DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	V <input type="checkbox"/> DELETE
NAME	LAMBERT, LISA D
STREET ADDRESS	9433 WHITTINGTON DRIVE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	CARLISLE, JOHN A
STREET ADDRESS	4136 CORDGRASS INLET DRIVE
CITY-ST-ZIP	JACKSONVILLE BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ROHN, WILLIAM R SR
STREET ADDRESS	2711 CORTEZ RD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BALL, E V
STREET ADDRESS	1811 MILLS RD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MILLER, THOMAS
STREET ADDRESS	1302 CLEMENTS RD
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SECRETARY/TREASURER Felicia M. ROHN
3.3 STREET ADDRESS	2711 CORTEZ RD
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32246
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DIRECTOR Richard D. Connel
4.3 STREET ADDRESS	11712 CAPE HORN AVE.
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32246
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Kenneth Howell
5.3 STREET ADDRESS	8042 Dickie Rd
5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32214
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

CR2E037 (9/96)