

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002393

1. Entity Name

CROSSROADS BAPTIST CHURCH OF CENTRAL FLORIDA, IN

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90118 022 ****61.25

Principal Place of Business

Mailing Address

400 S. ORLANDO AVE.
 MAITLAND FL 32751
 US

400 S ORLANDO AVE
 MAITLAND FL 32751-5608
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3376034

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MILLETT, RYLAN N REV
 3495 ARBUTUS LN.
 WINTER PARK FL 32792

Name

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

City

FL

Zip Code

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLETT, RYLAN N REV.	
STREET ADDRESS	400 S. ORLANDO AVE.	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHICK, BUD	
STREET ADDRESS	400 S. ORLANDO AVE.	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	TR Dennis Townsend	<input type="checkbox"/> Delete
NAME	MILLETT, RYLAN N REV.	Treasurer
STREET ADDRESS	400 S. ORLANDO AVE.	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	John Crown (Trustee)	<input type="checkbox"/> Delete
NAME	John Crown (Trustee)	
STREET ADDRESS	400 S Orlando Ave	
CITY-ST-ZIP	Maitland 7132751	
TITLE	Don Lloyd (Trustee)	<input type="checkbox"/> Delete
NAME	Don Lloyd (Trustee)	
STREET ADDRESS	400 S Orlando Ave	
CITY-ST-ZIP	Maitland 7132751	
TITLE	Todd Morgan (Trustee)	<input type="checkbox"/> Delete
NAME	Todd Morgan (Trustee)	
STREET ADDRESS	400 S Orlando Ave	
CITY-ST-ZIP	Maitland 7132751	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Ryland Millett
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2000 04075994033
 Date Daytime Phone #

CR2E037 (9/99)