

DOCUMENT # N96000002393

1. Entity Name

CROSSROADS BAPTIST CHURCH OF CENTRAL FLORIDA, IN

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90060 003 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 400 S. ORLANDO AVE. MAITLAND FL 32751 US
Mailing Address: 400 S ORLANDO AVE MAITLAND FL 32751 US

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State, Zip, Country

4. FEI Number: 59-3376034
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: MILLETT, RYLAN N REV, 3495 ARBUTUS LN, WINTER PARK FL 32792

7. Name and Address of New Registered Agent: Name, Street Address, 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: _____ (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

Table with 6 rows of officer information: PD MILLETT, RYLAN N REV; TD SHICK, BUD; TR TOWNSEND, DENNIS; T CROWN, JOHN; T LLOYD, DON; T MARGAN, TODD

Table with 6 rows for additions/changes to officers and directors, each with Change and Addition checkboxes.

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: [Signature] 1-08-2001 407-599-4033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)