

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90105 003 ****61.25



DOCUMENT # N96000002393
 1. Entity Name
CROSSROADS BAPTIST CHURCH OF CENTRAL FLORIDA, INC.

Principal Place of Business
**400 S. ORLANDO AVE.
 MAITLAND FL 32751
 US**

Mailing Address
~~400 S. ORLANDO AVE~~ **414 Ridge Road**
~~MAITLAND FL 32751~~ **Fern Park, FL 32730**
~~US~~



MOORE CR2E037 (11/03)

2. Principal Place of Business
414 Ridge Road

3. Mailing Address
414 Ridge Road

Suite, Apt. #, etc.
Fern Park, FL

City & State
Fern Park

4. FEI Number
59-3376034

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip
32730

Country
Seminole

Zip
32730

Country
Seminole

6. Name and Address of Current Registered Agent
MILLETT, RYLAN N REV
~~3495 ARBUTUS LN.~~ **414 Ridge Road**
~~WINTER PARK FL 32792~~ **Fern Park FL 32730**

7. Name and Address of New Registered Agent
 Name **Rev Rylan N Millett**
 Street Address (P.O. Box Number is Not Acceptable)
414 Ridge Road
 City **Fern Park** FL Zip Code **32730**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Rev Rylan N Millett** DATE **4/19/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MILLETT, RYLAN N REV. 400 S. ORLANDO AVE. MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SHICK, BUD 400 S. ORLANDO AVE. MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR TOWNSEND, DENNIS 400 S. ORLANDO AVE. MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COON, STAN 400 S ORLANDO AVE MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VALDES, RAMON 400 SOUTH ORLANDO AVENUE MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BATGAMIAN, ANDREW 400 ORLANDO AVE MAITLAND FL 32751	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Rev Rylan N Millett** DATE **4/19/04** DAYTIME PHONE # **407 599 4033**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR