

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 15, 2006
Secretary of State**

DOCUMENT# N96000002393

Entity Name: CROSSROADS BAPTIST CHURCH OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

414 RIDGE ROAD
FERN PARK, FL 32730 US

New Principal Place of Business:

Current Mailing Address:

414 RIDGE ROAD
FERN PARK, FL 32730 US

New Mailing Address:

FEI Number: 59-3376034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLETT, RYLAN N REV
414 RIDGE ROAD
FERN PARK, FL 32730 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: PD () Delete
Name: MILLETT, RYLAN N REV.
Address: 414 RIDGE ROAD
City-St-Zip: FERN PARK, FL 32730

Title: TD () Delete
Name: SHICK, BUD
Address: 414 RIDGE ROAD.
City-St-Zip: FERN PARK, FL 32730

Title: TR () Delete
Name: TOWNSEND, DENNIS
Address: 414 RIDGE ROAD
City-St-Zip: FERN PARK, FL 32730

Title: D () Delete
Name: COON, STAN
Address: 414 RIDGE ROAD
City-St-Zip: FERN PARK, FL 32730

Title: D () Delete
Name: VALDES, RAMON
Address: 414 RIDGE ROAD
City-St-Zip: FERN PARK, FL 32730

Title: D () Delete
Name: BARGAMIAN, ANDREW
Address: 414 RIDGE ROAD
City-St-Zip: FERN PARK, FL 32730

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: HOLLENBACH, DAVID
Address: 414 RIDGE ROAD
City-St-Zip: FERN PARK, FL 32730

Title: D (X) Change () Addition
Name: IRIZARRY, RUBEN
Address: 414 RIDGE ROAD
City-St-Zip: FERN PARK, FL 32730

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RYLAN N. MILLETT

PD

02/15/2006

Electronic Signature of Signing Officer or Director

Date