

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002393

FILED  
Apr 22, 2009  
Secretary of State

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:**

CAMPBELL, S. KEVIN  
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: 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: HOLLENBACH, DAVID  
Address: 414 RIDGE ROAD  
City-St-Zip: FERN PARK, FL 32730

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

Title: PD (X) Delete  
Name: CAMPBELL, S. KEVIN  
Address: 414 RIDGE ROAD  
City-St-Zip: CASSELBERRY, FL 32730

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TR (X) Change ( ) Addition  
Name: GILMORE, KENNETH  
Address: 414 RIDGE ROAD.  
City-St-Zip: FERN PARK, FL 32730

Title: TD (X) Change ( ) Addition  
Name: FOSNOW, KENNETH  
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: PD (X) Change ( ) Addition  
Name: CAMPBELL, S. KEVIN  
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 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: STEWART KEVIN CAMPBELL

PD

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date