2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000796

1. Entity Name

CROSSROADS CHRISTIAN MINISTRIES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90006 041 ****61.25

Principal Place of Business	Mailing Address
5881 BUSH RD BAKER FL 32531	5881 BUSH RD BAKER FL 32531-8715

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
417 Brown Place Suite, Apt. #, etc.	417 Brown Place Suite, Apt. #, etc.
City & State Crestview, FL	City & State Crestview, FL
Zip: 32539 Country: US	Zip: 32539 Country: US

4. FEI Number: 59-3492117 ☐ Applied For ☐ Not Applicable

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
CHATTERTON, ALLEN W 5881 BUSH RD BAKER FL 32531	Name Street Address (P.O. Box Number is Not Acceptable): 417 Brown Place City: Crestview FL Zip Code: 32539

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHATTERTON, ALLEN W 5881 BUSH RD BAKER FL 32531	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 417 Brown Place Crestview, FL 32539
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHATTERTON, DOROTHY J 5881 BUSH RD BAKER FL 32531	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 417 Brown Place Crestview, FL 32539
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, LAURA J 1601 ROCHELLE STREET MOBILE AL 36663	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/99)

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 REQUIRED _____ 4/18/00 850-423-1291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #