

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000002393

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

**FILED**  
**Feb 16, 2022**  
**Secretary of State**  
**5304627991CC**

**Current Principal Place of Business:**

414 RIDGE ROAD  
FERN PARK, FL 32730

**Current Mailing Address:**

414 RIDGE ROAD  
FERN PARK, FL 32730 US

**FEI Number: 59-3376034**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CAMPBELL, S. KEVIN  
414 RIDGE ROAD  
FERN PARK, FL 32730 US

*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

**Officer/Director Detail :**

Title           DIRECTOR  
Name           IRIZARRY, RUBEN  
Address        414 RIDGE ROAD  
City-State-Zip: FERN PARK FL 32730

Title           PASTOR  
Name           CAMPBELL, S. KEVIN  
Address        414 RIDGE ROAD  
City-State-Zip: FERN PARK FL 32730

Title           TREASURER  
Name           GRIGGS, STANLEY A  
Address        414 RIDGE ROAD  
City-State-Zip: FERN PARK FL 32730

Title           DIRECTOR  
Name           GIBSON, MICHAEL E  
Address        414 RIDGE ROAD  
City-State-Zip: FERN PARK FL 32730

Title           DIRECTOR  
Name           CASSIDY, JOSEPH C  
Address        414 RIDGE ROAD  
City-State-Zip: FERN PARK FL 32730

Title           SECRETARY  
Name           CAMPBELL, TAMARA P  
Address        414 RIDGE ROAD  
City-State-Zip: FERN PARK FL 32730

*I hereby 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 all other like empowered.*

**SIGNATURE: S. KEVIN CAMPBELL**

**PASTOR**

**02/16/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date