


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90022 028 ****61.25

DOCUMENT # 701803	
1. Entity Name COUNTRY CROSSROADS BAPTIST CHURCH, INC.	

Principal Place of Business 2020 N E 15TH STREET GAINESVILLE FL 32609	Mailing Address 2020 N E 15TH STREET GAINESVILLE FL 32609
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2. Principal Place of Business 11411 State Rd 121, N	3. Mailing Address 11411 State Rd. 121, N.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —

1st MOORE CR2E037 (10/04)

City & State Gainesville	City & State Gainesville FL
Zip FL 32653	Country U.S.A
Zip 32653	Country USA

4. FEI Number 59-6032860	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRUNSON, DOROTHY 1007 NE 7TH AVE GAINESVILLE FL 32601	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANNE BISHOP, LEIGH 1606 NE 7TH TERRACE GAINESVILLE FL 32609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWART, JAMES 4621 NW 32TH PL GAINESVILLE FL 32606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRUNSON, DOROTHY 1007 NE 7TH AVE GAINESVILLE FL 32601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEBUSK, LESTER R PO BOX 776 WALDO FL 32694	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: *Lester Ray Debusk*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/05 **352/376-2910**
Date Daytime Phone #

ATTACHMENT

50057117
701803

Dear Sir: 7-18-05

I call your office & explain
how they sent this infor-
mation to the wrong add-
ress & by change some one
sent just the card to us.
you sent us a form & we
are returning it for
prosecution. Ray DeBuck
