

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 701803

1. Entity Name
COUNTRY CROSSROADS BAPTIST CHURCH, INC.



Principal Place of Business
**11411 STATE ROAD 121 NORTH
GAINESVILLE, FL 32653**

Mailing Address
**11411 STATE ROAD 121 NORTH
GAINESVILLE, FL 32653**



01142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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|---|-------------------------------|
| 4. FEI Number 59-6032860 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**BRUNSON, DOROTHY
8620 NW 13TH STREET
LOT 21
GAINESVILLE, FL 32653**

**DO NOT WRITE
IN THIS SPACE**

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 Dorothy Brunson Dorothy Brunson 1-30-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ANNE BISHOP, LEIGH 1606 NE 16TH TERR GAINESVILLE, FL 32609 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COWART, JAMES 4621 NW 32TH PL GAINESVILLE, FL 32606 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BRUNSON, DOROTHY 8620 NW 13TH ST. GAINESVILLE, FL 32653 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DEBUSK, LESTER R PO BOX 776 WALDO, FL 32694 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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U00000811450
02/12/08-80008-017 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Dorothy Brunson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dorothy Brunson

1-30-08 352-376-3997

Date

Daytime Phone #