


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90042 021 ****61.25

DOCUMENT # 706647 1. Entity Name CROSSWAY BAPTIST CHURCH INC.					
Principal Place of Business 405 CROSSWAY ROAD TALLAHASSEE FL 32310-7478 32305			Mailing Address 405 CROSSWAY ROAD TALLAHASSEE FL 32310-7478 32305		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-2355638			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent COX, LAMAR 1047 1048 NATURE TRAIL WAY TALLAHASSEE FL 32310				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and here if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD COX, LAMAR XXXXXX 1047 Natures Trail Way TALLAHASSEE FL 32310	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TD Nichols, Jean 5204 Isabelle Drive Tallahassee, FL 32305
TITLE NAME STREET ADDRESS CITY ST-ZIP	TD RICHARDS, J. R. 306 INGLEWOOD DRIVE TALLAHASSEE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TD Nichols, Jean 5204 Isabelle Drive Tallahassee, FL 32305
TITLE NAME STREET ADDRESS CITY ST-ZIP	TD COUNCIL, WINNIE 5767 LA FRANCE ROAD TALLAHASSEE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TD Nichols, Jean 5204 Isabelle Drive Tallahassee, FL 32305
TITLE NAME STREET ADDRESS CITY ST-ZIP	TD MCCOLLISTER, WALTER 7316 NUTS RUT ROAD TALLAHASSEE FL 32305	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TD Nichols, Jean 5204 Isabelle Drive Tallahassee, FL 32305
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1st MOORE CR2E037 (10/06)

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-07 850/877-5216

Date Daytime Phone #

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.