

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706647

FILED  
Jan 19, 2009  
Secretary of State

**Entity Name:** CROSSWAY BAPTIST CHURCH INC.

**Current Principal Place of Business:**

405 CROSSWAY ROAD  
TALLAHASSEE, FL 323107478

**New Principal Place of Business:**

**Current Mailing Address:**

405 CROSSWAY ROAD  
TALLAHASSEE, FL 323107478

**New Mailing Address:**

**FEI Number:** 59-2355638

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COX, LAMAR  
1848 NATURE TRAIL WAY  
TALLAHASSEE, FL 32310 US

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

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

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: COX, LAMAR  
Address: 1047 NATURES TRAIL  
City-St-Zip: TALLAHASSEE, FL 32310

Title: TD ( ) Delete  
Name: COUNCIL, WINNIE  
Address: 5767 LA FRANCE ROAD  
City-St-Zip: TALLAHASSEE, FL

Title: TD ( ) Delete  
Name: MCCOLLISTER, WALTER  
Address: 7316 NUTS RUT ROAD  
City-St-Zip: TALLAHASSEE, FL 32305

Title: TD ( ) Delete  
Name: NICHOLS, JEAN  
Address: 5204 ISABELLE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32305

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LAMAR COX

TD

01/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date