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

Feb 18, 2005 8:00 am Secretary of State DOCUMENT # 721915/ - * 1. Entity Name 02-18-2005 90051 019 ****61.25 CROSSROADS BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 5710 HAVERHILL RD 5710 HAVERHILL RD WEST PALM BEACH FL 33407 AAAT 122A WEST PALM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-1374026 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PADGETT, WAYNE Street Address (P.O. Box Number is Not Acceptable) 820 MIMOSA CT WEST PALM BEACH FL 33417 City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Florida Department of State Trust Fund Contribution. Due By May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10, OFFICERS AND DIRECTORS 11. ☐ Delete Addition COLLINSWORTH, BRENDA 10147 FLAG DRIVE STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33410 CITY-ST-7IP CITY-ST-ZIP DT Delete ☐ Addition TITLE ☐ Change BUSH, LARRY NAME NAME 5912 BIMINI CIRCLE EAST STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33407 CITY-ST-7IP CITY-ST-ZIP TITLE DT ☐ Defete TITLE Change ☐ Addition NAME HIGGINS, RAY NAME HAVERHILL RD. NORTH. CIDEEL ADDDECC STREET ACORES WEST PALM BEACH FL 33417 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change MATHIS, JEFF NAME NAME 16978 78TH RD. NORTH STREET ADDRESS STREET ADDRESS LOXAHATCHEE FL 33471 CITY-ST-ZIP CITY-ST-78P TITLE ☐ Delete THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS

FILED

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. 561-704-0516 SIGNATURE AND TYPED OR

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP