

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90036 050 ****61.25

DOCUMENT # 731809

1. Entity Name

CROSSROADS BAPTIST CHURCH OF LITHIA, INC.

Principal Place of Business

10405 HWY. 39 SOUTH
P.O. BOX 75
LITHIA FL 33547-7075

Mailing Address

10405 HWY. 39 SOUTH
P.O. BOX 75
LITHIA FL 33547-7075

709899

2. Principal Place of Business

10405 Highway 39 So.

Suite, Apt. #, etc.

Lithia, Florida

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

59-2017461

Applied For

Not Applicable

Zip

33547

Country

USA

Zip

USA

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REDMAN, JAMES L.
121 N. COLLINS ST.
PLANT CITY FL 33566

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	VARNUM, JOHN A	
STREET ADDRESS	10930 HWY 39 S	
CITY-ST-ZIP	LITHIA FL	
TITLE	D	☐ Delete
NAME	TATOM, ROBERT	
STREET ADDRESS	14004 SWEAT LOOP RD	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	DT	☐ Delete
NAME	DAVIS, C W	
STREET ADDRESS	9823 LITHIA PINCREST RD	
CITY-ST-ZIP	LITHIA FL	
TITLE	D	☐ Delete
NAME	HUNTER, NATHAN	
STREET ADDRESS	10736 WALTER HUNTER ROAD	
CITY-ST-ZIP	LITHIA FL	
TITLE	S	☐ Delete
NAME	DAVIS, REBECCA L	
STREET ADDRESS	10816 HWY 39 SOUTH	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	D	☐ Delete
NAME	MAXWELL, LAMAR	
STREET ADDRESS	2815 HARTLEY LANE	
CITY-ST-ZIP	LITHIA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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:

C. W. Davis - C.W. Davis 1-29-01 (813) 737-2138

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)