

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731809

FILED
Feb 04, 2009
Secretary of State

Entity Name: CROSSROADS BAPTIST CHURCH OF LITHIA, INC.

Current Principal Place of Business:

10405 HWY. 39 SOUTH
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

10405 HWY. 39 SOUTH
P.O. BOX 75
LITHIA, FL 335477075

New Mailing Address:

P.O. BOX 75
LITHIA, FL 335477075

FEI Number: 59-2017461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, JAMES C II, ESQ
121 N. COLLINS ST.
PLANT CITY, FL 33563 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: D () Delete
Name: VARNUM, JOHN A
Address: 10930 HWY 39 S
City-St-Zip: LITHIA, FL 33547

Title: P/D () Delete
Name: PIERCE, JAMES D
Address: 11433 TUTEN LOOP
City-St-Zip: LITHIA, FL 33547

Title: DT () Delete
Name: DAVIS, C W
Address: 9823 LITHIA PINCREST RD
City-St-Zip: LITHIA, FL

Title: D () Delete
Name: HUNTER, NATHAN
Address: 10736 WALTER HUNTERR ROAD
City-St-Zip: LITHIA, FL

Title: S () Delete
Name: TIDWELL, CHERYL
Address: 9823 LITHIA PINCREST RD
City-St-Zip: LITHIA, FL 33547

Title: D () Delete
Name: TUTEN, H. E
Address: 11210 LITHIA PINCREST RD.
City-St-Zip: LITHIA, FL 33547

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:

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: C.W. DAVIS

D/T

02/04/2009

Electronic Signature of Signing Officer or Director

Date