

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90165 049 \*\*\*\*61.25

80130952



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 737063**

1. Entity Name

**CROSSWALK CHRISTIAN COMMUNITY, INC.**

Principal Place of Business

Mailing Address

1603 E BLOOMINGDALE AVENUE  
 VALRICO FL 33594

1603 E BLOOMINGDALE AVE  
 VALRICO FL 33594  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2882791**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAGEL, JEFFREY A**  
**1603 E BLOOMINGDALE AVENUE**  
**VALRICO FL 33594**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME PD  
 STREET ADDRESS MILES, PAUL D  
 CITY-ST-ZIP 1509 CARTER OAKS DRIVE  
 VALRICO FL 33594

TITLE ☒ Change ☐ Addition  
 NAME PD  
 STREET ADDRESS Jeffrey A. Hagel  
 CITY-ST-ZIP 1603 E. Bloomingdale Ave  
 VALRICO, FL 33594

TITLE ☐ Delete  
 NAME VD  
 STREET ADDRESS MILES, PAUL D  
 CITY-ST-ZIP 1509 CARTER OAKS DR.  
 VALRICO FL 33594

TITLE ☐ Change ☐ Addition  
 NAME VD  
 STREET ADDRESS michelle Hagel  
 CITY-ST-ZIP 1603 E BLOOMINGDALE AVE  
 VALRICO, FL 33594

TITLE ☐ Delete  
 NAME SD  
 STREET ADDRESS EDWARDS, PHILLIP  
 CITY-ST-ZIP 708 BLOOMINGFIELD DRIVE  
 BRANDON FL 33511

TITLE ☐ Change ☐ Addition  
 NAME SD  
 STREET ADDRESS Clifton Smith  
 CITY-ST-ZIP 1150 Pebble Beach Ct.  
 APOPKA, FL 32712

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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:** Jeffrey A. Hagel 7/15/02 813 653 2224

CR2E037 (4/02)