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

SIGNATURE: HARRY STOWART

Jan 26, 2005 08:00 AM **DOCUMENT # 757878 Secretary of State** 1. Entity Name CROSS BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 9610 N. 13TH STREET 9610 N. 13TH STREET TAMPA FL 33612 **TAMPA FL 33612** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FEI Number NO-T APPLICABLE Not Applicat 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 Name KENT, W C Street Address (P.O. Box Number is Not Acceptable) 8453 PUMP STATION RD LAND O LAKES FL 34639 City 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 accethe obligations of registered agent. SIGNATURE Signature, Moed or printed name of registered agent and title if applicable (NCTE_Registered Agent signalure required when reinstating) DATE FILE NOW: FEE IS \$61.25 \$5.00 May Be 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DILE TITLE ☐ Delete ☐ Change Addi:-STEWART, HARRY NAME 4721 WHITEWAY DR STREET ADDRESS STREET ADDRESS TAMPA FL City - ST- ZIP CITY-ST-ZIP TD HTLE Delete TITLE ☐ Change Artdita DAY, RANDALL LEE NAME NAME 4022 LAKESHORE RANCH DR STREET ADDRESS STREET ADDRESS SEFFNER FL 33584 CITY: ST-ZIP CHY-ST-ZIP Itfr 6 ☐ Delete lifict ☐ Change Arklijii NAME KENT, MARTHA 8543 PUMP STATION RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP LAND O LAKES FL 34639 CHY-ST-ZIP TD TITLE ☐ Delete Tette Change ☐ Addisi KENT, W.C. NAME NAME 8453 PUMP STATION RD STREET ADDRESS STREET ADDRESS LAND O LAKES FL 34639 CITY-ST-ZIP CHY-ST-ZIP THEE ☐ Delete HILE ☐ Change Addit-NAME MAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-SI-7IP Delete THE THE ☐ Change Addiba NAME STREET ADDRESS STREET ADDRESS CHY ST-ZIP CHY-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 changed, or on an attachment with an address, with all other like empowered.

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