

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000365

1. Entity Name

CROSSROADS BAPTIST CHURCH OF COTTONDALE, INC.

Principal Place of Business

Mailing Address

3276 MAIN ST
COTTONDALE FL 32431

PO BOX 386
COTTONDALE FL 32431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3623419

Applied For

Not Applicable

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

TRUETTE, JOANN C
3248 TENDELL RD
COTTONDALE FL 32431

Name Johnson, Mary C

Street Address (P.O. Box Number is Not Acceptable)

2607 2nd St.

City Cottondale

FL

Zip Code 32431

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

Mary C Johnson

9-8-02

(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 \$238.25.

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 NAME STREET ADDRESS CITY-ST-ZIP	T TRUETTE, MILFORD C PO BOX 423 N/A COTTONDALE FL 32431	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WINDSOR, EDNA 3175 PARISH ST COTTONDALE FL 32431	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, MARY 2607 2ND ST COTTONDALE FL 32431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRANNON, EVELYN 2632 2ND ST COTTONDALE FL 32431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIFFIN, BETTIE 3356 HWY 90 MARIANNA FL 32446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P Jeff Pickett 4503 Decatur St MARIANNA FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP Dallas Sapp 2662 Country Oaks Dr. Cottondale FL 32431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T/S Jack Glass 3911 W. Hwy. 90 MARIANNA FL 32478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Mary C Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-02

Date

526-2200 EXT 1117

Daytime Phone #

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-11-2002 90100 028 ****66.25

40100

DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)