

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90182 004 *****70.00

DOCUMENT # N00000000365

1. Entity Name

CROSSROADS BAPTIST CHURCH OF COTTONDALE, INC.



Principal Place of Business

3276 MAIN ST
COTTONDALE FL 32431

Mailing Address

PO BOX 386
COTTONDALE FL 32431

14060631



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

JOHNSON, MARY C
2607 2ND ST
COTTONDALE FL 32431

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mary C Johnson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME PICKETT, JEFF ☐ Delete
STREET ADDRESS 4503 DECATUR ST
CITY-ST-ZIP MARIANNA FL 32446

TITLE VP
NAME SAPP, DALLAS ☒ Delete
STREET ADDRESS 2662 COUNTRY OAKS DR
CITY-ST-ZIP COTTONDALE FL 32431

TITLE TS
NAME GLASS, JACK ☐ Delete
STREET ADDRESS 3911 W HWY 90
CITY-ST-ZIP MARIANNA FL 32448

TITLE
NAME BRANNON, EVELYN ☒ Delete
STREET ADDRESS 2632 2ND ST
CITY-ST-ZIP COTTONDALE FL 32431

TITLE T
NAME GRIFFIN, BETTIE ☐ Delete
STREET ADDRESS 3356 HWY 90
CITY-ST-ZIP MARIANNA FL 32446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☒ Change ☐ Addition
NAME Cathy Barwick
STREET ADDRESS 2922 Marianna Rd
CITY-ST-ZIP MARIANNA, FL 32448

TITLE T ☒ Change ☐ Addition
NAME Edna Windsor
STREET ADDRESS 3175 Parrish St
CITY-ST-ZIP COTTONDALE, FL 32431

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

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

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

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

4-27-04

Date

718-2699

Daytime Phone #