

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000365

FILED
Jan 11, 2005
Secretary of State

Entity Name: CROSSROADS BAPTIST CHURCH OF COTTONDALE, INC.

Current Principal Place of Business:

3276 MAIN ST
COTTONDALE, FL 32431

New Principal Place of Business:

Current Mailing Address:

PO BOX 386
COTTONDALE, FL 32431

New Mailing Address:

FEI Number: 59-3623419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, MARY C
2607 2ND ST
COTTONDALE, FL 32431 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: P () Delete
Name: PICKETT, JEFF
Address: 4503 DECATUR ST
City-St-Zip: MARIANNA, FL 32446

Title: VP () Delete
Name: BARWICK, CATHY
Address: 2922 MARIDAIC RD
City-St-Zip: MARIANNA, FL 32448

Title: TS () Delete
Name: GLASS, JACK
Address: 3911 W HWY 90
City-St-Zip: MARIANNA, FL 32448

Title: T () Delete
Name: WINDSOR, EDNA
Address: 3175 PARRISH STREET
City-St-Zip: COTTONDALE, FL 32431

Title: T () Delete
Name: GRIFFIN, BETTIE
Address: 3356 HWY 90
City-St-Zip: MARIANNA, FL 32446

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEFF PICKETT

P

01/11/2005

Electronic Signature of Signing Officer or Director

Date