

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90018 013 ****61.25

DOCUMENT # N01000006210

1. Entity Name

CROSSROADS CHURCH OF CORAL SPRINGS, INC.

Principal Place of Business

Mailing Address

3301 RIVERSIDE DRIVE
 CORAL SPRINGS FL 33065

3301 RIVERSIDE DRIVE
 CORAL SPRINGS FL 33065

B0014639



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4351 NW 95th AVE

3. Mailing Address

4351 NW 95th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

~~CORAL SPRINGS, FL~~

City & State

~~CORAL SPRINGS, FL~~

4. FEI Number

~~65-1140830~~

Applied For

Not-Applicable

Zip

33065

Country

USA

Zip

33065

Country

USA

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

SCHMIDT, JOHN
 3301 RIVERSIDE DRIVE
 CORAL SPRINGS FL 33065

Name **JOHN SCHMIDT**

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

4351 NW 95th AVE.

City **CORAL SPRINGS**

FL

Zip Code

33065

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.

SIGNATURE

John Schmidt **JOHN SCHMIDT**

1/13/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 SCHMIDT, JOHN**
 STREET ADDRESS **4351 NORTHWEST 95TH AVENUE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete **OK**
 NAME **VSTD KOEPKA, HOWARD**
 STREET ADDRESS **9050 NORTHWEST 28TH STREET #118**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SOUTHERLAND, DAN**
 STREET ADDRESS **12401 STIRLING ROAD**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33330**

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
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 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:

John Schmidt **JOHN SCHMIDT**

1/13/02

954-345-2967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)