


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000006210
 1. Entity Name
 CROSSROADS CHURCH OF CORAL SPRINGS, INC.



Principal Place of Business Mailing Address
 8068 SAMPLE RD 4351 NW 95TH AVE
 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065

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01142004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 65-1140830 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
 SCHMIDT, JOHN
 4351 NW 95TH AVE
 CORAL SPRINGS, FL 33065

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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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHMIDT, JOHN
STREET ADDRESS	4351 NORTHWEST 95TH AVENUE
CITY - ST - ZIP	CORAL SPRINGS, FL 33065
TITLE	D
NAME	MATEUS, MANUEL
STREET ADDRESS	3301 RIVERSIDE DR
CITY - ST - ZIP	CORAL SPRINGS, FL 33065
TITLE	D
NAME	LOPES, LEIDMAR
STREET ADDRESS	8032 SAMPLE RD
CITY - ST - ZIP	POMPANO BEACH, FL 33065
TITLE	ST
NAME	MURPHY, BRIAN
STREET ADDRESS	3981 NW 81 TERR
CITY - ST - ZIP	POMPANO BEACH, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 01/20/04-80093-014 61.25

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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* 1/14/04 954-647-9761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #