


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90038 034 \*\*\*\*61.25

<b>DOCUMENT # N01000006210</b> 1. Entity Name <b>CROSSROADS CHURCH OF CORAL SPRINGS, INC.</b>					
Principal Place of Business <b>8068 SAMPLE RD CORAL SPRINGS, FL 33065</b>			Mailing Address <b>4351 NW 95TH AVE CORAL SPRINGS, FL 33065</b>		
2. Principal Place of Business <b>4200 NW 67 TER.</b>			3. Mailing Address <b>4200 NW 67 TER.</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>CORAL SPRINGS, FL</b>			City & State <b>CORAL SPRINGS, FL</b>		
Zip <b>33067</b>			Zip <b>33067</b>		
Country <b>USA</b>			Country <b>USA</b>		
4. FEI Number <b>65-1140830</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SCHMIDT, JOHN 4351 NW 95TH AVE CORAL SPRINGS, FL 33065</b>					
7. Name and Address of New Registered Agent Name <b>JOHN SCHMIDT</b> Street Address (P.O. Box Number is Not Acceptable) <b>4200 NW 67 TER.</b> City <b>CORAL SPRINGS</b> FL <b>33067</b>					
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 <u><i>John Schmidt</i></u> <b>JOHN SCHMIDT, PASTOR</b> <b>2/15/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMIDT, JOHN 4351 NORTHWEST 95TH AVENUE CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATEUS, MANUEL 3301 RIVERSIDE DR CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPES, LEIDMAR 8032 SAMPLE RD POMPANO BEACH, FL 33065	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MURPHY, BRIAN 3981 NW 81 TERR POMPANO BEACH, FL 33065	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHN SCHMIDT 4200 NW 67 TER. CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARY SOLOMONS DST 8871 WILES RD. #208 CORAL SPRINGS, FL 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <u><i>John Schmidt</i></u> <b>JOHN SCHMIDT</b> <b>2/15/05</b> <b>954-647-9761</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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02122005 Chg-NP CR2E037 (10/03)