

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90220 012 \*\*\*\*61.25

**DOCUMENT # N01000006210**

1. Entity Name

**CROSSROADS CHURCH OF CORAL SPRINGS, INC.**



Principal Place of Business

**4351 NW 95TH AVE  
CORAL SPRINGS FL 33065**

Mailing Address

**4351 NW 95TH AVE  
CORAL SPRINGS FL 33065**

2. Principal Place of Business

**8068 SAMPLE RD.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MARGATE, FL**

City & State

4. FEI Number **65-1140830**

Applied For

Not Applicable

Zip

**33065**

Country

**USA**

Zip

Country

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

6. Name and Address of Current Registered Agent

**SCHMIDT, JOHN  
4351 NW 95TH AVE  
CORAL SPRINGS FL 33065**

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

*John Schmidt*  
Signature typed or printed name of registered agent and title if applicable.

**JOHN SCHMIDT, PRES.**

(NOTE: Registered Agent signature required when reinstating)

**2/6/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **SCHMIDT, JOHN**  
STREET ADDRESS **4351 NORTHWEST 95TH AVENUE**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **MANUEL MATEUS**  
STREET ADDRESS **3301 RIVERSIDE DR.**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE **D** ☐ Change ☒ Addition  
NAME **LEIDMAR LOPES**  
STREET ADDRESS **8032 SAMPLE RD.**  
CITY-ST-ZIP **MARGATE, FL 33065**

TITLE **ST** ☐ Change ☒ Addition  
NAME **BRIAN MURPHY**  
STREET ADDRESS **3981 NW 81 TER.**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

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

TITLE ☐ Change ☐ Addition  
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 A. Schmidt*  
Signature typed or printed name of signing officer or director

**2/6/03**

**954-345-2967**

CR2E037 (10/02)