

**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

JOHN SCHMIDT, PRES.

2/6/03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHMIDT, JOHN	
STREET ADDRESS	4351 NORTHWEST 95TH AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	KOEPKA, HOWARD	
STREET ADDRESS	9050 NORTHWEST 28TH STREET #118	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOUTHERLAND, DAN	
STREET ADDRESS	12401 STIRLING ROAD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33330	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MANUEL MATEUS		
STREET ADDRESS	3301 RIVERSIDE DR.		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LEIDMAR LOPES		
STREET ADDRESS	8032 SAMPLE RD.		
CITY-ST-ZIP	MARGATE, FL 33065		
TITLE	ST	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BRIAN MURPHY		
STREET ADDRESS	3981 NW 81 TER.		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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

2/6/03

954-345-2967

CR2E037 (10/02)