

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008791

1. Entity Name

CROSSROAD BAPTIST CHURCH OF PUTNAM COUNTY, INC.

Principal Place of Business

111 RIVER RD
SATSUME FL 32189

Mailing Address

PO BOX 706
SATSUMA FL 32189-0706

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

STALLINGS, HOMER
111 RIVER RD
SATSUME FL 32189

4. FEI Number

FIN 01-0502638

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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.

SIGNATURE

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 D
NAME PIPKINS, W.J.
STREET ADDRESS 110 S PROVIDENCE CHURCH RD
CITY-ST-ZIP PALATKA FL 32177 ☐ Delete

TITLE D
NAME REDDING, GEORGE
STREET ADDRESS PO BOX 555
CITY-ST-ZIP GEORGETOWN FL 32139-0555 ☒ Delete

TITLE D
NAME JOHNSON, ELLEN
STREET ADDRESS PO BOX 387
CITY-ST-ZIP GEORGETOWN FL 32139 ☒ Delete

TITLE D
NAME STALLINGS, HOMER
STREET ADDRESS 111 RIVER RD
CITY-ST-ZIP SATSUMA FL 32189 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE D
NAME HOWARD CRIGER
STREET ADDRESS 104 ALDER LANE
CITY-ST-ZIP SATSUMA, FL. 32189 ☒ Change ☐ Addition

TITLE D
NAME PIPKINS, MARGARET
STREET ADDRESS 110 S. PROVIDENCE CHURCH RD.
CITY-ST-ZIP PALATKA, FLA 32177 ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Homer Stallings* SIGNATURE REQUIRED L. STALLINGS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91515 006 ****70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)