2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008791

FILED Sep 27, 2004 Secretary of State

Entity Name: CROSSROAD BAPTIST CHURCH OF PUTNAM COUNTY, INC.

Current P	rincipal Place	of Business:	New Principal Place	e of Business:
111 RIVEF SATSUME	R RD E, FL 32189			
Current Mailing Address:		New Mailing Address:		
P.O. BOX SATSUMA	708 A, FL 32189070	9		
FEI Number	: 01-0502638	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
111 RIVER	SS, HOMER RRD E, FL 32189			
The above	named entity s	ubmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,
in the State	e of Florida.			
in the State SIGNATUI	RE:			
	RE:	c Signature of Registered Ag	ent	Date
SIGNATUI	RE:			Date BES TO OFFICERS AND DIRECTORS:
SIGNATUI	Electroni S AND DIRECT D () PIPKINS, W.J.	ORS: Delete NCE CHURCH RD		
SIGNATUI OFFICER: Title: Name: Address:	Electroni S AND DIRECT D () PIPKINS, W.J. 110 S PROVIDE PALATKA, FL 33	PORS: Delete NCE CHURCH RD 2177 Delete RD	ADDITIONS/CHANG Title: Name: Address:	SES TO OFFICERS AND DIRECTORS:
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	Electroni S AND DIRECT D () PIPKINS, W.J. 110 S PROVIDE PALATKA, FL 3: D () CRIGER, HOWA 104 ALDER LN SATSUMA, FL 3: D () PIPKINS, MARG	PORS: Delete NCE CHURCH RD 2177 Delete RD 2189 Delete ARET NCE CHURCH RD	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTORS:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOMER STALLINGS D 09/27/2004