

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008791

FILED
Jan 17, 2005
Secretary of State

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

Current Principal Place of Business:

111 RIVER RD
SATSUME, FL 32189

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 708
SATSUMA, FL 321890709

New Mailing Address:

FEI Number: 01-0502638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STALLINGS, HOMER
111 RIVER RD
SATSUME, FL 32189 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PIPKINS, W.J.
Address: 110 S PROVIDENCE CHURCH RD
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: CRIGER, HOWARD
Address: 104 ALDER LN
City-St-Zip: SATSUMA, FL 32189

Title: D () Delete
Name: PIPKINS, MARGARET
Address: 110 S PROVIDENCE CHURCH RD
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: STALLINGS, HOMER
Address: 111 RIVER RD
City-St-Zip: SATSUMA, FL 32189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PICHETT, D.
Address: 5976 LONGCHAMP
City-St-Zip: JACKSONVILLE, FL 32244

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DONALDSON, JOY
Address: P.O. BOX 58
City-St-Zip: LAKE COMO, FL 32157

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 L. STALLINGS

D

01/17/2005

Electronic Signature of Signing Officer or Director

Date