

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02Q00006263

1. Entity Name
CROSSROADS PENTECOSTAL CHURCH OF
ZEPHYRHILLS, INC.



FILED
2006 OCT 23 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5208 8TH ST
ZEPHYRHILLS, FL 33539

Mailing Address
P.O. BOX 1836
ZEPHYRHILLS, FL 33540

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip **Country**



10052006 REIN-NP CR2E099 (11/05)

4. FEI Number
59-3655849

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MCADAMS, REV. STEVE
7020 FORBES RD
ZEPHYRHILLS, FL 33540

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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) **DATE** _____

FILE NOW!!! FEE IS \$236.25
After January 1, 2007, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PANTOJA, JULIO	
STREET ADDRESS	4209 RED COAT DR	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33543	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULLIS, JASPER D	
STREET ADDRESS	38835 4TH AVE	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, BARBARA J	
STREET ADDRESS	38245 COLLINS AVE	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542	
TITLE	Pastor/Registered Agent	<input type="checkbox"/> Delete
NAME	Rev. Steve McAdams	
STREET ADDRESS	7020 Forbes Rd.	
CITY-ST-ZIP	Zephyrhills FL 33546	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700080641347	
STREET ADDRESS	10/09/06--01052--020 **245.00	
CITY-ST-ZIP		
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		
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 exemptions contained in Chapter 119, 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: Rev. Steve McAdams **10/4/06** **813 714 3822**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #