

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000006263**

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



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

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



01082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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, STEVE REV  
7020 FORBES RD  
ZEPHYRHILLS, FL 33540**

**DO NOT WRITE  
IN THIS SPACE**

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 reconstituting)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PANTOJA, JULIO  
4209 RED COAT DR  
ZEPHYRHILLS, FL 33543**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SMITH, BARBARA J  
38245 COLLINS AVE  
ZEPHYRHILLS, FL 33542**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PARA  
MCADAMS, STEVE REV  
7020 FORBES ROAD  
ZEPHYRHILLS, FL 33540**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BODIFORD, RAYMOND  
4833 CORAL STREET  
ZEPHYRHILLS, FL 33542**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000783414  
01/16/08-80014-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 an other like empowered.

**SIGNATURE:**

*Rev. Steve McAdams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/9/08*  
Date

*813-714-3822*  
Daytime Phone #