

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004163

FILED  
Jan 23, 2009  
Secretary of State

**Entity Name:** CROSSROADS COMMUNITY UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

26211 COUNTY LINE ROAD  
WESLEY CHAPEL, FL 33544

**New Principal Place of Business:**

**Current Mailing Address:**

26211 COUNTY LINE ROAD  
WESLEY CHAPEL, FL 33544

**New Mailing Address:**

**FEI Number:** 75-3135945

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALLACE, DIANA  
4600 W. KENNEDY BOULEVARD  
TAMPA, FL 33609 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: CD ( ) Delete  
Name: UPCHURCH, JENNIFER TRUSTEE  
Address: 30644 PIERCEFIELD LOOP  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: DF ( ) Delete  
Name: BRONTE-ZERBE, VALINDA FINANCE  
Address: 20655 LONGLEAF PINE AVE  
City-St-Zip: TAMPA, FL 33647

Title: SD ( ) Delete  
Name: NESS, MICHELLE ADMIN  
Address: 24605 LAUREL RIDGE DRIVE  
City-St-Zip: LUTZ, FL 33559

Title: D ( ) Delete  
Name: FREEZE, GREG PASTOR  
Address: 2508 KENCHESTER LOOP  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D ( ) Delete  
Name: LOYD, DOUG CHAIR  
Address: 15701 CHESTON COURT  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CD (X) Change ( ) Addition  
Name: APPEL, STEVE TRUSTEE  
Address: 3539 HICKORY HAMMOCK LOOP  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: DF (X) Change ( ) Addition  
Name: GELALIA, JOE FINANCE  
Address: 9539 NORCHESTER CIRCLE  
City-St-Zip: TAMPA, FL 33647

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHELLE NESS

SD

01/23/2009

Electronic Signature of Signing Officer or Director

Date