


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000007043</b> 1. Entity Name <b>CROSSROADS BAPTIST CHURCH OF MIDDLEBURG, INC.</b>	
--	---

Principal Place of Business <b>1595 BAXLEY ROAD MIDDLEBURG FL 32068 US</b>	Mailing Address <b>P. O. BOX 30546 DOCTORS INLET FL 32030 US</b>
---	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE      CR2E037 (10/07)

4. FEI Number <b>59-3696738</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>NARO, MICHAEL S 1851 ALBERTA COURT NORTH MIDDLEBURG FL 32068</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
--	---

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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when re-registering)      DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
--	---	--

10. OFFICERS AND DIRECTORS	
TITLE	VP <input type="checkbox"/> Delete
NAME	NABI, MICHAEL S
STREET ADDRESS	1851 ALBERTA COURT NORTH
CITY-ST-ZIP	MIDDLEBURG FL 32068
TITLE	P <input type="checkbox"/> Delete
NAME	LEWIS, DAVID
STREET ADDRESS	4942 ALLIGATOR BLVD.
CITY-ST-ZIP	MIDDLEBURG FL 32068
TITLE	S/T <input type="checkbox"/> Delete
NAME	HOWARD, RUTH
STREET ADDRESS	1590 RAINBOW RD.
CITY-ST-ZIP	MIDDLEBURG FL 32068
TITLE	C <input type="checkbox"/> Delete
NAME	HOWARD, ALAN
STREET ADDRESS	1590 RAINBOW RD
CITY-ST-ZIP	MIDDLEBURG FL 32068
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	
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	
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 Section 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: Michael S. Nabi      Feb 17, 2008      (904) 291-7522