

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 31, 2004 8:00 am**  
**Secretary of State**

DOCUMENT # N03000011037

1. Entity Name

CROSSWINDS CHURCH, INC.



Principal Place of Business

5359 COPPEDGE AVE  
JACKSONVILLE FL 32277

Mailing Address

5359 COPPEDGE AVE  
JACKSONVILLE FL 32277

2. Principal Place of Business

2927 Apache Ave.

Suite, Apt. #, etc.

3. Mailing Address

2927 Apache Avenue

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32210

Country

USA

City & State

Jacksonville FL

Zip

32210

Country

USA

4. FEI Number

20-0545846

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

MOORE

CR2E037 (4/04)



66432936

6. Name and Address of Current Registered Agent

TRAVIS, ADRIAN  
5359 COPPEDGE AVE  
JACKSONVILLE FL 32277

7. Name and Address of New Registered Agent

Name

Adrian Travis

Street Address (P.O. Box Number is Not Acceptable)

2927 Apache Avenue

City

Jacksonville

FL

Zip Code

32210

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

Adrian Travis PD Adrian Travis August 30, 2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TRAVIS, ADRIAN	
STREET ADDRESS	5359 COPPEDGE AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TOERPE, ROBERT	
STREET ADDRESS	9770 LEAHY RD	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BENNETT, MARYLENA	
STREET ADDRESS	2127 ANTILLES CT	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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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 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 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: Adrian Travis PD Adrian Travis August 30, 2004 (904) 993-3519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Issued EIN

66432936

Attachment

#N0360001137

Page 1 of 1



**Internal Revenue Service**

DEPARTMENT OF THE TREASURY

The  
Digital  
Daily

**Federal Tax ID / EIN**

This is your provisional Employer Identification Number:

**20-0545846**

Today's Date is: January 05, 2004 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.

The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#)

[Fill Out Another Form SS-4](#)

Click [here](#) to return to the Internet Employer Identification Number landing (start) page.

Enclosed Checks

\$ 61.25 #1050  
71

\$875 #707