


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000000248 1. Entity Name CROSSROADS CONNECTION CHURCH, INC.	
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Principal Place of Business 44 E. CR470 LAKE PANASOFFKEE, FL 33538	Mailing Address 494 COUNTY RD 416 N LAKE PANASOFFKEE, FL 33538
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01162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0420749	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent OWENS, BILLY EARL 494 COUNTY RD 416 N LAKE PANASOFFKEE, FL 33538

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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

Filing Fee Is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000598756 01/24/07-80088-017 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT OWENS, BILLY EARL 494 CR 416 N LAKE PANASOFFKEE, FL 33538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CHANDLER, VIRGIL W 602 CR 489/ PO BOX 530 LAKE PANASOFFKEE, FL 33538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GALVIN, JOHNNY 150 CR 536 BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Virgil W. Chandler, Director 1/18/07 352-793-8759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Virgil W. Chandler