

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000248

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** CROSSROADS CONNECTION CHURCH, INC.

**Current Principal Place of Business:**

44 E. CR470  
LAKE PANASOFFKEE, FL 33538

**New Principal Place of Business:**

**Current Mailing Address:**

494 COUNTY RD 416 N  
LAKE PANASOFFKEE, FL 33538

**New Mailing Address:**

**FEI Number:** 20-0420749

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OWENS, BILLY EARL  
494 COUNTY RD 416 N  
LAKE PANASOFFKEE, FL 33538 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: DT ( ) Delete  
Name: OWENS, BILLY EARL  
Address: 494 CR 416 N  
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: DT ( ) Delete  
Name: CHANDLER, VIRGIL W  
Address: 602 CR 489/ PO BOX 530  
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: DT ( ) Delete  
Name: GALVIN, JOHNNY  
Address: 150 CR 536  
City-St-Zip: BUSHNELL, FL 33513

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

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

Title: DT (X) Change ( ) Addition  
Name: CHANDLER, VIRGIL W  
Address: 751 NE 120TH ST  
City-St-Zip: CHIEFLAND, FL 32626

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: BILLY EARL OWENS

DT

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date