

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000569

FILED  
Sep 02, 2005  
Secretary of State

**Entity Name:** CROSSROADS COMMUNITY CHURCH OF PANAMA CITY, INC.

**Current Principal Place of Business:**

1506 VIRGINIA AVA  
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

2801 WEST 14TH STREET  
PANAMA CITY, FL 32401

**Current Mailing Address:**

1506 VIRGINIA AVA  
LYNN HAVEN, FL 32444

**New Mailing Address:**

P.O. BOX 567  
LYNN HAVEN, FL 32444

FEI Number: 54-2142490      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

DOOLY, ADAM  
1219 QUAIL RIDGE DR.  
DESTIN, FL 32541      US

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

COX, MARIA B  
1506 VIRGINIA AVE.  
LYNN HAVEN, FL 32444      US

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: MARIA B. COX

09/02/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: COX, MICHAEL G  
Address: 1506 VIRGINIA AVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: PRES      (X) Change ( ) Addition  
Name: COX, MICHAEL G  
Address: 1506 VIRGINIA AVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: VP      ( ) Change (X) Addition  
Name: BOSSWELL, CHAD  
Address: 235 PELICAN PLACE #8  
City-St-Zip: DESTIN, FL 32541

Title: BOAR      ( ) Change (X) Addition  
Name: COX, MARIA B  
Address: 1506 VIRGINIA AVE.  
City-St-Zip: LYNN HAVEN, FL 32444

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL COX

P

09/02/2005

Electronic Signature of Signing Officer or Director

Date