

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90241 040 ****61.25

DOCUMENT # **NO4 000006839**

1. Entity Name

Church of Cross City, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 1798

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1798

Suite, Apt. #, etc.

City & State

Old Town FL

City & State

Old Town FL

Zip

32680

Country

US

Zip

32680

Country

US

4. FEI Number

34-2044579

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Johnny Harris

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

2 NE 266

City

Old Town

FL

Zip Code

32680

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

Johnny Harris - Johnny Harris

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-05

**FEE IS \$61.25
Initial or Amended UBR**

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	Pastor / Chairman
NAME	Johnny Harris
STREET ADDRESS	2 NE 266 Ave
CITY-ST-ZIP	Old Town, FL 32680
TITLE	Treasurer / Secretary
NAME	Bobbie Harris
STREET ADDRESS	2 NE 266 Ave
CITY-ST-ZIP	Old Town, FL 32680
TITLE	Trustee
NAME	Heleen Harris
STREET ADDRESS	NE 226th Ave, House 152
CITY-ST-ZIP	Cross City, FL 32628
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Johnny Harris

4-27-05

352-542-3122

CR2E037B (12/02)