

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006925

FILED
Jan 16, 2007
Secretary of State

Entity Name: CROSSROADS COMMUNITY CHURCH, SBC, INC.

Current Principal Place of Business:

324 HWY 441/27
LADY LAKE, FL 321581370

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1370
LADY LAKE, FL 321581370

New Mailing Address:

FEI Number: 20-3198151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKEE, BARBARA
9337 SE 172 GARDEN STREET
LADY LAKE, FL 32162 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: PD () Delete
Name: FAIRCHILD, GENE
Address: 1266 CAMEO DRIVE
City-St-Zip: THE VILLAGES, FL 32162

Title: D () Delete
Name: DENTON, STEPHEN N
Address: 10960 SE 173 PLACE
City-St-Zip: SUMMERFIELD, FL 34491

Title: D () Delete
Name: KINLEY, WILLIAM C
Address: 4329 EMMAUS ROAD
City-St-Zip: FRUITLAND PARK, FL 34731

Title: D () Delete
Name: BLACKSTOCK, ABBIE
Address: 3255 ROSWELL ROAD
City-St-Zip: LADY LAKE, FL 32162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: MCDANIEL, CHERYL
Address: 2425 SE 19 CIRCLE
City-St-Zip: OCALA, FL 34471

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA MCKEE

RA

01/16/2007

Electronic Signature of Signing Officer or Director

Date