

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006925

FILED
Jan 22, 2009
Secretary of State

Entity Name: CROSSROADS COMMUNITY CHURCH, SBC, INC.

Current Principal Place of Business:

275 GRIFFIN AVENUE
LADY LAKE, FL 32159

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:

BLACKSTOCK, ABBIE
3255 ROSWELL ROAD
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: MCKEE, BARBARA
Address: 9337 SE 172 GARDEN STREET
City-St-Zip: LADY LAKE, FL 32162

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

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

Title: D (X) Delete
Name: THEK, JOE DR.
Address: 2003 CARDONA
City-St-Zip: LADY LAKE, FL 32162

Title: D (X) Delete
Name: HAMILTON, TERRY
Address: 251 OAK HILL ROAD
City-St-Zip: LADY LAKE, FL 32159

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: COPLEY, CHESTER
Address: 2315 LURAY LANE
City-St-Zip: LADY LAKE, FL 32162

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

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

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: ABBIE BLACKSTOCK

RA

01/22/2009

Electronic Signature of Signing Officer or Director

Date