

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007242

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** CROSSROAD BIBLE CHURCH INC.

**Current Principal Place of Business:**

3079 CHAIRES CROSS ROAD  
TALLAHASSEE, FL 32317

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 18232  
PANAMA CITY, FL 32417

**New Mailing Address:**

3079 CHAIRES CROSS ROAD  
TALLAHASSEE, FL 32317

**FEI Number:** 90-0543715

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLBERT, DOROTHY  
1230 SUNSET CIRCLE  
DAYTONA BEACH, FL 32117 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: P  
Name: MAYHEW, MARK D  
Address: 3079 CHAIRES CROSS ROAD  
City-St-Zip: TALLAHASSEE, FL 32317

Title: M  
Name: MAYHEW, SYLVIA D  
Address: 3079 CHAIRES CROSS ROAD  
City-St-Zip: TALLAHASSEE, FL 32317

Title: M  
Name: BROXTON, ELMA  
Address: 1013 BERKSHIRE DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32117

Title: M  
Name: DAVID, SOUTHERLAND  
Address: 1839 JACLIF COURT  
City-St-Zip: TALLAHASSEE, FL 32308

Title: M  
Name: HERRING, ALLISON  
Address: 1402025 OWL HOLLOW CREST  
City-St-Zip: TALLAHASSEE, FL 32313

I hereby 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 all other like empowered.

**SIGNATURE:** MARK D. MAYHEW

P

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date