

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005406

FILED  
May 06, 2011  
Secretary of State

**Entity Name:** CROSSROADS CHURCH OF LEHIGH INC.

**Current Principal Place of Business:**

411 LEE BLVD  
UNIT 2  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

656 CHARWOOD LN.  
LEHIGH ACRES, FL 33974

**Current Mailing Address:**

411 LEE BLVD  
UNIT 2  
LEHIGH ACRES, FL 33936

**New Mailing Address:**

656 CHARWOOD LN.  
LEHIGH ACRES, FL 33974

**FEI Number:** 30-0630739

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WHITE, MIKE P REV.  
411 LEE BLVD.  
UNIT 2  
LEHIGH ACRES, FL 33936 US

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

WHITE, MIKE P REV.  
656 CHARWOOD LN.  
LEHIGH ACRES, FL 33974 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: MIKE P. WHITE

05/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: REV  
Name: WHITE, MIKE P  
Address: 656 CHARWOOD LN  
City-St-Zip: LEHIGH ACRES, FL 33974

Title: PAS  
Name: WHITE, SHALA J  
Address: 656 CHARWOOD LN  
City-St-Zip: LEHIGH ACRES, FL 33974

Title: A.P.  
Name: WHITE, MICHAEL P II  
Address: 656 CHARWOOD LN  
City-St-Zip: LEHIGH ACRES, FL 33974

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: MIKE P. WHITE

REV

05/06/2011

Electronic Signature of Signing Officer or Director

Date