

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19770

1. Entity Name

CROSS AND CROWN MINISTRIES, INC.

FILED

Mar 30, 2000 8:00 am  
Secretary of State

03-30-2000 90044 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

~~6130 SAN JOSE BLVD.~~ 8535  
JACKSONVILLE FL 32217

~~6130 SAN JOSE BLVD.~~  
JACKSONVILLE FL 32217-2232

2. Principal Place of Business

3. Mailing Address

8535 Baymeadows Rd

8535 Baymeadows Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 56

Suite 56

City & State

City & State

Jacksonville FL

Jacksonville FL

Zip

Country

Zip

Country

32256

32256

4. FEI Number

59-2815352

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPRAGUE, REV. GEORGE H., III  
1510 FURMAN ROAD  
JACKSONVILLE FL 32207

Name

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

8535 Baymeadows Rd

Suite 56

City

Jacksonville

FL

Zip Code

32256

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
SPRAGUE, GEORGE H., III  
8535 BAY MEADOWS RD., SUITE 56  
JACKSONVILLE FL 32256 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
SPRAGUE, SANDRA K.  
8535 BAYMEADOWS RD., SUITE 56  
JACKSONVILLE FL 32256 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KEYS, GLEN L.  
1544 BIGBASS DR.  
TARPON SPRINGS FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CULPEPPER, PATSY  
4358 ARCH CREEK DR  
JACKSONVILLE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
4544 Swilcan Bridge Ln  
Jacksonville FL 32224

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KEYS, MARTHA S.  
1544 BIGBASS DR.  
TARPON SPRINGS FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (9/99)