

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N23802 (4)
 1. Corporation Name
CROSSROADS COMMUNITY CHURCH OF GOD INC.



Principal Place of Business: **21859 STATE ROAD 54 LUTZ FL 33549 US**
 Mailing Address: **P.O. BOX 598 TARPON SPRINGS FL 34688-598 US**

3. Date Incorporated or Qualified: **12/06/1987**
 3a. Date of Last Report: **07/12/1995**

2. Principal Place of Business (21): **21859 STATE ROAD 54 LUTZ FL 33549 US**
 2a. Mailing Address (26): **P.O. BOX 598 TARPON SPRINGS FL 34688-598 US**
 Suite, Apt. #, etc. (22):
 City & State (23):
 Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number (59-2773334) Applied For (Not Applicable)
 5. Certificate of Status Desired (8.75 Additional Fee Required)
 6. Election Campaign Financing Trust Fund Contribution (5.00 May Be Added to Fees)
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes (Yes No)

9. Name and Address of Current Registered Agent
**GILBERT, RICHARD
 21859 STATE ROAD 54
 LUTZ FL 33549**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	GILBERT, RICHARD	
STREET ADDRESS	21859 STATE ROAD 54	
CITY - ST - ZIP	LUTZ FL 33549	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COLLIER, TERRY L	
STREET ADDRESS	9210 MERRIMOOR BLVD	
CITY - ST - ZIP	LARGO FL 34647	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COLE, DENNIS	
STREET ADDRESS	9220 MERRIMOOR BLVD.	
CITY - ST - ZIP	LARGO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 registered or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment, with an address.

SIGNATURE: Richard Gilbert **Richard Gilbert** 6/13/96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 934-7471

CR2E037 (3/96)