## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N23802

(4)

## CROSSROADS COMMUNITY CHURCH OF GOD INC.

Principal Place	of Business	Mailing Address			T IBECHIAL DIA HOOF HAR! CEILL ADHID	efat alati atati grafi atati i	NIEN BINN 1881
21859 STATE ROAD 54 LUTZ FL 33549		P.O. BOX 599 TARPON SPRINGS FL 34888-0598					
US		US		3. Date incorporated or Qualified 12/08/1987	3a. Date of Last R 06/19/19	teport 996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For		oplied For	
21		26		<u> </u>		ot Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired	
City & State		City & State		6 Cleation Compaign Figure	, <del></del>		
23]		28		Election Campaign Financing     Trust Fund Contribution		May Be to Fees	
Zip	Country	Zip	· · · · · · · · · · · · · · · · · · ·		8. This corporation has fiability for I		
24	25	29 30			Florida Statutes Yes No		
	Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
			81	Name			
GILBERT, RICHARD			82	82 Street Address (P.O. Box Number is Not Acceptable)			
	TATE ROAD 54		83			v <del></del>	
LUTZ FL	. 33549		83				
			84	City		85 Zip	Code
## F3	. H	017 1500 Florido Ctot	ion the abou		and the submits this abdoment for the n	FL 100 210	ita ragistarad
office or re	o the provisions of Sections 617.050 egistered agent, or both, in the State	of Florida, Such change was	authorized	y the concor	peration submissible statement for the particular to and directors thereby acceptions	of the appointment as	registered
agent. Lar	n familian with, and accept the oblig	allons if Section 617.0593, FI	orida Statute			IN 10	1997
SIGNATURE _	Signature, typed or printed name of registered age	ont and title if applicable (NO)	IF: Refishered Ad	ent skinature requi	ired when reinstating)	DATE	
12.	OFFICERS AN		13.	join anginatara ra-qui	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	CD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	GILBERT, RICHARD		1.2 NAME				
STREET ADDRESS	21859 STATE ROAD 54		1.3 STREE	T ADDRESS			
CITY - ST - ZIP	LUTZ FL 33549		1.4 CITY-	ST-ZIP			
TITLE	TD	☐ DELETE	2.1 TITLE	]		Change	L Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY - ST - ZIP			2.4 DITY	ST-ZIP		T Chance	Addition
TITLE	SD COLF DEAMIC	☐ DELETE	31 TITLE	1		Change	LT MOUITON
NAME	COLE, DENNIS		3 2 NAME				
STREET ADDRESS	9220 MERRIMOOR BLVD. LARGO FL			T ADDRESS			
CITY-ST-ZIP TITLE			3.4. CITY 4.1 TITLE	- S1 - ZIP		Change	Addition
NAME		C other	4. 2 NAM	.		Similar Similar	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY	ı			
TITLE		DELETE 5.11		51 · Lit		Change	Addition
NAME			5.2 NAME				·
STREET ADDRESS			5.3 STRE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAM6				
STREET ADDRESS			6.3 STRE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY	ST-ZIP			
14. I do heret	by certify that the information supplies	d with this filing does not qual	lify for the ex	emption state	d in Section 119.07(3)(ii) Florina Statute it my aignature shall have the paine legs ort as equired by Chapter 17.7 Florida S	s. I further certify that	t the
l am an o	fficer or director of the corporation o	r the receiver or trustee empor	wered to exe	cute this epo	ort as equired by Chapter 1/1 Florida S	tatules, and that my	name
appears i	n Block 12 or Blo <del>ck 13</del> if changed, c	or on an attainment with an ad	idress		11   1914///C	1/2	

SIGNATURE:

ICARA (91) DENT (1) FI

Daytime Phone # (068889)

**FILED** 

Feb 28 1997 8:00am

Secretary of State

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