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Feb 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 599, TARPON SPRINGS FL 34688-0599, US

3. Date Incorporated or Qualified: 12/08/1987  
3a. Date of Last Report: 06/19/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) details including Suite, Apt. #, etc., City & State, Zip, and Country.  
4. FEI Number: 59-2773334  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$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  
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, and I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE: RICHARD GILBERT CD  
DATE: Feb 18, 1997

12. OFFICERS AND DIRECTORS  
CD GILBERT, RICHARD 21859 STATE ROAD 54 LUTZ FL 33549  
TD COLLIER, TERRY L 9210 MERRIMOR BLVD LARGO FL 34647  
SD COLE, DENNIS 9220 MERRIMOR BLVD. LARGO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(i), 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 receiver 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, if changed, or on an attachment with an address.

SIGNATURE: RICHARD GILBERT CD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DATE: 2/18/97  
Daytime Phone #: (813) 934-7471

CR2E037 (9/96)