

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N38843 (1)**

1. Corporation Name

**CROSS CREEK BAPTIST CHURCH, INC.**



Principal Place of Business

Mailing Address

C/O ROBERT JACKSON  
ROUTE 3, BOX 87  
HAWTHORNE FL 32640  
US

C/O ROBERT JACKSON  
ROUTE 3, BOX 87  
HAWTHORNE FL 32640  
US

3. Date Incorporated or Qualified

**06/27/1990**

3a. Date of Last Report

**02/01/1995**

4. FEI Number

**59-3019782**

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

2. Principal Place of Business

2a. Mailing Address

**21 Cross Creek Baptist**

**26 Robert Jackson**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 12921 S.C.R. 325**

**27 12110 S.C.R. 325**

City & State

City & State

**23 Hawthorne, FL**

**28 Hawthorne FL**

Zip

Country

Zip

Country

**24 32640**

**25 Alachua**

**29 32640**

**30 Alachua**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLANTON, ROY  
ROUTE 4, BOX 3853  
CITRA FL 32113

81 Name

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

**5240 N.E. 175 Street Road**

83

84 City

**Citra**

**FL**

85 Zip Code

**32113**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS BASS, BERNEY L.  
CITY-ST-ZIP RT. 3, BOX 213-A  
HAWTHORNE FL

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 16604 S.C. R. 325  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME VD  
STREET ADDRESS PEARSON, GEORGE H.  
CITY-ST-ZIP RT. 3, BOX 75  
HAWTHORNE FL

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 21120 S.E. 179 Place  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS BASS, GERALDINE  
CITY-ST-ZIP RT. 3, BOX 213-A  
HAWTHORNE FL

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 16604 S.C. R. 325  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS WHEELER, LILLIAN  
CITY-ST-ZIP RT. 3, BOX 117  
HAWTHORNE FL

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 14802 S.E. 183 Ave.  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS CLARKE, MAX  
CITY-ST-ZIP RT. 3, BOX 139  
HAWTHORNE FL

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS 14328 S.E. 180 Place  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

*Geraldine Bass*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96  
Date

352/466-0432  
Daytime Phone #

CR2E037 (12/95)