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Feb 27, 1999 8:00 am  
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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N38843**

1. Corporation Name

**CROSS CREEK BAPTIST CHURCH, INC.**

Principal Place of Business

C/O CROSS CREEK BAPTIST  
~~12901 S.C.R. 325~~  
HAWTHORNE FL 32640  
US

Mailing Address

JACKSON, ROBERT  
12110 S.C.R. 325  
HAWTHORNE FL 32640  
US



2. Principal Place of Business

21 **18921 SCR 325**

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

**06/27/1990**

4. FEI Number

**50-3049702 59-246 958 7**

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

9. Name and Address of Current Registered Agent

CLANTON, ROY  
5240 NE 175 STREET RD.  
CITRA FL 32113

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 **ROY CLANTON** *Roy B. Clanton*

(NOTE: Registered Agent signature required when reinstating)

**1/30/99**  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **BASS, BERNEY L.**  
CITY-ST-ZIP **16604 S.C.R. 325 HAWTHORNE FL**

TITLE ☐ DELETE  
NAME **VD**  
STREET ADDRESS **PEARSON, GEORGE H.**  
CITY-ST-ZIP **21120 SE 179 PL. HAWTHORNE FL**

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **BASS, GERALDINE**  
CITY-ST-ZIP **16604 S.C.R. 325 HAWTHORNE FL**

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **WHEELER, LILLIAN**  
CITY-ST-ZIP **14802 SE 183 AVE. HAWTHORNE FL**

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **CLARKE, MAX**  
CITY-ST-ZIP **14328 SE 180 PL. HAWTHORNE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **D**  
5.3 STREET ADDRESS **HILLHOUSE, DEWIE**  
5.4 CITY-ST-ZIP **14712 SE 184 AVE. HAWTHORNE, FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: **LILLIAN WHEELER** *Lillian Wheeler* **SIGNATURE REQUIRED** **1/20/99** **(352) 466-3483**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)