

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38843

1. Entity Name

CROSS CREEK BAPTIST CHURCH, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90046 049 ****61.25

Principal Place of Business

18921 SCR 325
HAWTHORNE FL 32640
US

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3469587

Applied For

Not Applicable.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name E.D. Ireson, Jr.

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

17509 S County Rd 325

City

Hawthorne,

FL

Zip Code

32640

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE E.D. Ireson, Jr.

E.D. Ireson, Jr.

1/30/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ Delete
NAME HILLHOUSE, DEWIE
STREET ADDRESS 14712 SE 184 AVE
CITY-ST-ZIP HAWTHORNE FL

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lillian R. Wheeler Lillian R. Wheeler 1/30/2000 (352) 466-3502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #