

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38843

1. Entity Name

CROSS CREEK BAPTIST CHURCH, INC.

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

IRESON, ED J
17509 S COUNTY RD 325
HAWTHORNE FL 32640

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

ED IRESON

4-1-01

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Baker, Danny
STREET ADDRESS 14710 S.E. 183rd Ave
CITY-ST-ZIP Hawthorne, FL 32640

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

TITLE S ☒ Change ☐ Addition
NAME Thomas, Irene
STREET ADDRESS P.O. Box 80
CITY-ST-ZIP Island Grove, FL 32654

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

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

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

Danny Baker

4-1-01

DANNY BAKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90035 049 *****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)