


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90077 005 ****61.25

DOCUMENT # N38843 1. Entity Name CROSS CREEK BAPTIST CHURCH, INC.					
Principal Place of Business 18921 SCR 325 HAWTHORNE, FL 32640 US			Mailing Address 980 NW 112TH AVE OCALA, FL 34482 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01042007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2469587	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JACKSON, ROBERT L 980 NW 112TH AVE OCALA, FL 34482				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Robert Lee Jackson</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Robert Lee Jackson</i> <small>(NOTE: Registered Agent signature required when renewing)</small>		<i>01/17/07</i> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, DANNY		NAME	<i>Pearson, George H.</i>	
STREET ADDRESS	1470 SE 183RD AVE		STREET ADDRESS	<i>21120 SE 179th Ave</i>	
CITY-ST-ZIP	HAWTHORNE, FL 32640		CITY-ST-ZIP	<i>Hawthorne, FL 32640</i>	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARSON, GEORGE H.		NAME	<i>Jackson, Robert L.</i>	
STREET ADDRESS	21120 SE 179 PL.		STREET ADDRESS	<i>980 NW 112th Ave.</i>	
CITY-ST-ZIP	HAWTHORNE, FL		CITY-ST-ZIP	<i>Ocala, FL 34482</i>	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, IRENE		NAME	<i>Pearson, Lelia</i>	
STREET ADDRESS	P O BOX 80		STREET ADDRESS	<i>21411 SE 177 Avenue</i>	
CITY-ST-ZIP	ISLAND GROVE, FL 32684		CITY-ST-ZIP	<i>Hawthorne, FL 32640</i>	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, JANIS C		NAME		
STREET ADDRESS	980 NW 112TH AVE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34482		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLT, MATTHEW D		NAME		
STREET ADDRESS	21815 S. COUNTY RD. 325		STREET ADDRESS		
CITY-ST-ZIP	HAWTHORNE, FL 32640		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Janis C. Jackson</i>		<i>JANIS C. JACKSON</i>		<i>11/17/07</i> <i>352-854-6369</i> <small>Date Daytime Phone #</small>	