

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



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

1996 7-15-96 B-7302 C

DOCUMENT # N43626 (3)

1. Corporation Name

CROSSROADS COMMUNITY CHURCH OF ORANGE & OSCEOLA
COUNTIES, INC.

Principal Place of Business

Mailing Address

P. O. BOX 590071
ORLANDO FL 32859-0071
US

P. O. BOX 590071
ORLANDO FL 32859-0071
US



2. Principal Place of Business		2a. Mailing Address	
21	1130 East Doregan Ave.	26	P.O. Box 770171
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	Suite #9	27	
City & State		City & State	
23	Kissimmee FL	28	Orlando FL
Zip	Country	Zip	Country
24	34744 U.S.	29	32877-0171 US

3. Date Incorporated or Qualified	3a. Date of Last Report
05/15/1991	05/01/1995
4. FEI Number	Applied For
59-2977779	<input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SIMS, DAVID A. 500 E. ALTAMONTE DRIVE SUITE 200 ALTAMONTE SPRINGS FL 32701		81 Name Robert A Cassata	
		82 Street Address (P.O. Box Number is Not Acceptable) 12629 Newfield Dr.	
		83	
		84 City Orlando	
		85 Zip Code FL 32837	

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 Robert A. Cassata / Robert A. Cassata 5-29-96
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	D <input type="checkbox"/> DELETE	1.1 TITLE	President / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSATA, ROBERT A	1.2 NAME	Cassata, Robert A
STREET ADDRESS	12629 NEWFIELD	1.3 STREET ADDRESS	12629 Newfield Dr.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32837
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE-GROOT-RUSSELL, HOLLY	2.2 NAME	Alawine, Harold
STREET ADDRESS	13143 DALLAS WOODS LANE	2.3 STREET ADDRESS	12976 Nebraska Woods Ct.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32824
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	Treasurer / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NATER, ANGEL J JR	3.2 NAME	Hudson, Laura
STREET ADDRESS	1504 PURPLE VIOLET CT	3.3 STREET ADDRESS	1628 Les Ct.
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CULBERTSON, CONNIE	4.2 NAME	Cassata, Nancy
STREET ADDRESS	613 IOWA WOODS CIRCLE E	4.3 STREET ADDRESS	12629 Newfield Dr.
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando, FL 32837
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALAWINE, HAROLD G	5.2 NAME	Nater, Angel J. JR
STREET ADDRESS	12976 NEBRASKA WOODS CT	5.3 STREET ADDRESS	101 KASSIK Circle
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, FL 32824
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Robert A. Cassata 5/30/96 407/847-0133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E037 (12/95)