

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90007 014 ****70.00

DOCUMENT # N43626

1. Entity Name

CROSSROADS COMMUNITY CHURCH OF ORANGE & OSCEOLA
COUNTIES, INC.

Principal Place of Business

Mailing Address

14500 LANDSTAR BLVD.
ORLANDO FL 32824
US

14500 LANDSTAR BLVD.
ORLANDO FL 32824
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

59-2977779

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

CASSATA, ROBERT A
2709 PEGGY DR
KISSIMMEE FL 34744

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

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	<input type="checkbox"/> Delete
NAME	CASSATA, ROBERT A	
STREET ADDRESS	2709 PEGGY DR	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BARWENKO, HANS	
STREET ADDRESS	73 TROTTERS CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HUGGINS, TEFROMANI	
STREET ADDRESS	189 SANDALWOOD DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SPERAZZA, ANGELO	
STREET ADDRESS	13013 PHILADELPHIA WOODS LANE	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	D	<input type="checkbox"/> Delete
NAME	RING, ROSCOE	
STREET ADDRESS	13353 LAVER LANE	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	D	<input type="checkbox"/> Delete
NAME	ATHE, FRANCIS	
STREET ADDRESS	201 ALYDAR COURT	
CITY-ST-ZIP	ORLANDO FL 32824	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGGINS, TEFROMANI	
STREET ADDRESS	189 SANDALWOOD DRIVE	
CITY-ST-ZIP	KISSIMMEE, FL 34743	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATHE, FRANCIS	
STREET ADDRESS	201 ALYDAR COURT	
CITY-ST-ZIP	ORLANDO, FL 32824	

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:

T. SIGNATURE RETURNED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HUGGINS

1/14/02

(407) 438-6100

CR2E037 (9/01)