

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amended

08-05-2002 90001031****61.25

FILED
N43626

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N43626**
1. Entity Name
Crossroads Community Church of Orange & Osceola Counties, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14500 Landstar Blvd
Suite, Apt. #, etc.

3. Mailing Address
14500 Landstar Blvd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando, FL
Zip
32824
Country
US

City & State
Orlando, FL
Zip
32824
Country
US

4. FEI Number
59-2977779
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Douglas A. Maners
Street Address (P.O. Box Number is Not Acceptable)
2560 Demaret Dr.
City
Titusville FL Zip Code
32780

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 **Douglas A. Maners** *Douglas A. Maners* **7/30/2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) DATE

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	PD Douglas Maners 2560 Demaret Dr Titusville, FL 32780	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Hans Bawanka 73 Matthews Circle Kissimmee, FL 34743	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Tecronani Huggins 189 Sunda Wood Kissimmee, FL 34743	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Angelo Spezzazza 13013 Philadelphia Woods LN Orlando, FL 32824	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rogco Ring 13353 Laver Ln Orlando, FL 32824	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

[Handwritten Signature]

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 on an attachment with an address, with all other like empowered.

CR2E037B (12/01)