

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 PM 6:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44207 (1)

1. Corporation Name

THE CROSSROADS FELLOWSHIP, INC.

Principal Place of Business

Mailing Address

5240 DUNCAN ROAD
UNIT 1
PUNTA GORDA FL 33962

5240 DUNCAN ROAD
UNIT 1
PUNTA GORDA FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/08/1991** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0313558** Applied For ☐ Not Applicable ☒

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MZELL, JOHN B.
201 W. MARION AVENUE
SUITE 301
PUNTA GORDA FL 33950**

81 Name

Same

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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 **DVP**
NAME **HUDSON, LARRY E.**
STREET ADDRESS **6826 S.W. BELVOIR DR.**
CITY - ST - ZIP **ARCADIA FL 33821**

1.1 TITLE **Same** ☐ Change ☐ Addition
1.2 NAME **"**
1.3 STREET ADDRESS **"**
1.4 CITY - ST - ZIP **"**

TITLE **DS**
NAME **HUDSON, SYLVIA**
STREET ADDRESS **6826 S.W. BELVOIR DR.**
CITY - ST - ZIP **ARCADIA FL**

2.1 TITLE **Same** ☐ Change ☐ Addition
2.2 NAME **"**
2.3 STREET ADDRESS **"**
2.4 CITY - ST - ZIP **"**

TITLE **DT**
NAME **COPELAND, EVELYN**
STREET ADDRESS **12030 HOLLYHOK ST.**
CITY - ST - ZIP **PUNTA GORDA FL**

3.1 TITLE **Same** ☐ Change ☐ Addition
3.2 NAME **"**
3.3 STREET ADDRESS **"**
3.4 CITY - ST - ZIP **"**

TITLE **P**
NAME **SHERMAN, DANIEL**
STREET ADDRESS **23077 HAMMOND AVENUE**
CITY - ST - ZIP **PORT CHARLOTTE FL**

4.1 TITLE **Same** ☐ Change ☐ Addition
4.2 NAME **"**
4.3 STREET ADDRESS **"**
4.4 CITY - ST - ZIP **"**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(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:

H. Daniel Sherman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. DANIEL SHERMAN 4-19-95
Date

(813) 764-1081
Daytime Phone #