

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---

DOCUMENT # N44207

1. Corporation Name

THE CROSSROADS FELLOWSHIP, INC.

Principal Place of Business

5240 Duncan Road
Unit I
Punta Gorda, FL 33982

Mailing Address

5240 Duncan Road
Unit I
Punta Gorda, FL 33982

3. Date Incorporated or Qualified
07/08/1991

3a. Date of Last Report
04/10/1996

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21 6220 Golf Course Blvd.

Suite, Apt. #, etc.

22 City & State

23 Punta Gorda, FL

Zip

24 33982

Country

2a. Mailing Address

26 6220 Golf Course Blvd.

Suite, Apt. #, etc.

27 City & State

28 Punta Gorda, FL

Zip

29 33982

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

JOHN B. MIZELL
223 Taylor Street
Punta Gorda, FL 33950

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	HUDSON, LARRY E.	
STREET ADDRESS	6826 S.W. BELVOIR DR.	
CITY-ST-ZIP	ARCADIA, FL 33821	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HUDSON, SYLVIA L.	
STREET ADDRESS	6826 S.W. BELVOIR DR.	
CITY-ST-ZIP	ARCADIA, FL 33821	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	COPELAND, EVELYN	
STREET ADDRESS	12030 HOLLYHOCK ST.	
CITY-ST-ZIP	PUNTA GORDA, FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SHERMAN, DANIEL	
STREET ADDRESS	23077 HAMMOND AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

700002163707
-05/02/97--01061--056
***61.25

14. I do 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 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, President

4-25-97

Date

Daytime Phone #

CR2E037 (9/96)