## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 12, 2007 08:00 AN Secretary of State

DOCUMENT # N9300000543	3(	3					ļ	ļ	ļ	ļ		ļ	ļ	ļ	ļ	ļ	ļ	ļ	ļ	ļ	ļ	ļ	ļ		ļ	ļ	ļ	ļ					ļ		ļ	ļ	ļ	ļ	ļ		ļ									4			•																	•	•	•							•	•	•		ŀ	ı	I		•		4	ŀ	Ì	١		į	٠	į	Ì		Ĺ	ĺ	Ì	Į			ĺ	I	۱	1		ĺ	ĺ	ĺ	Ì	Ì		٠	ĺ	ĺ	١	1		ľ	Į		3		•	ľ	Ì	ļ		(	ĺ	۱	١	١	ľ	İ	ĺ			t	ı	Ļ	ĺ	1
------------------------	----	---	--	--	--	--	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	--	--	--	--	---	--	---	---	---	---	---	--	---	--	--	--	--	--	--	--	--	---	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	---	---	---	--	--	--	--	--	--	---	---	---	--	---	---	---	--	---	--	---	---	---	---	--	---	---	---	---	--	---	---	---	---	--	--	---	---	---	---	--	---	---	---	---	---	--	---	---	---	---	---	--	---	---	--	---	--	---	---	---	---	--	---	---	---	---	---	---	---	---	--	--	---	---	---	---	---

1. Entity Name

CROSSROADS BAPTIST CHURCH OF FORT MYERS, INC.



Principal Place of Business

10721 PALM BEACH BLVD FT MYERS, FL 33905 US Mailing Address

10721 PALM BEACH BLVD FT MYERS, FL 33905 US



DO NOT WRITE IN THIS SPACE

01162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0458377 Applied For Not Applicable

Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRADLEY, ROGER RT 1 BOX 1825 LABELLE, FL 33935

## DO NOT WRITE IN THIS SPACE

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.	I am familiar with, and accept
	the obligations of registered agent.	

SIGNATURE.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by May 1, 2007 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE 0.00 NAME MANSELL, ALFRED STREET ADDRESS 6841 NEAL ROAD CITY-ST-ZIP FT. MEYERS, FL 33905 TITLE NAME MARINELL, SR P STREET ADORESS 1181 TRAVIS AVE CITY-ST-ZIP N FT MYERS, FL TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME

U00000634110 02/21/07-80092-001 81.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida sindicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if mad of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and the charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CHIY-ST-7/P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO