

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003036

1. Entity Name

CROSSROADS BAPTIST CHURCH OF LAKE LAND, FLORIDA,

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90036 031 ****61.25

Principal Place of Business

Mailing Address

6129 U.S. HIGHWAY 98 SOUTH
LAKE LAND FL 33813

6129 U.S. HIGHWAY 98 SOUTH
LAKE LAND FL 33813-4360

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

59-3240516

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAWYERS
6129 U.S. HIGHWAY 98 SOUTH
LAKE LAND FL 33813

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 ☐ Delete
NAME RAINS, CHARLES
STREET ADDRESS 1539 LAGOON ROAD
CITY-ST-ZIP LAKE LAND FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME ANGLIN, FRANK D
STREET ADDRESS 1603 LEIGHTON AVE
CITY-ST-ZIP LAKE LAND FL 33803

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME DISTLER, CHARLES
STREET ADDRESS 1920 E EDGEWOOD #1-11
CITY-ST-ZIP LAKE LAND FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME ANGLIN, JAN B
STREET ADDRESS 1603 LEIGHTON AVE.
CITY-ST-ZIP LAKE LAND FL 33803

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 a power like empowered.

SIGNATURE: *Jerry C. Sawyers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry C. Sawyers March 6, 2000 *863*647-0886

Date

Daytime Phone #

CR2E037 (9/99)