2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N94000003036

Entity Name: CROSSROADS BAPTIST CHURCH OF LAKELAND, FLORIDA, INC.

Current Principal Place of Business:

6129 U.S. HIGHWAY 98 SOUTH
LAKELAND, FL 33812

New Principal Place of Business:

Current Mailing Address:

6129 U.S. HIGHWAY 98 SOUTH
LAKELAND, FL 33812

New Mailing Address:

FEI Number: 59-3240516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAWYERS, JERRY C REV
6129 U.S. HIGHWAY 98 SOUTH
LAKELAND, FL 33812 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RAINS, CHARLES
Address: 6441 CREWS LAKE RD
City-St-Zip: LAKELAND, FL 33813

Title: VD ( ) Delete
Name: ANGLIN, FRANK D
Address: 1603 LEIGHTON AVE
City-St-Zip: LAKELAND, FL 33803

Title: SD ( ) Delete
Name: DISTLER, CHARLES
Address: 1610 REYNOLDS RD #297
City-St-Zip: LAKELAND, FL 33803

Title: TD ( ) Delete
Name: ANGLIN, JAN B
Address: 1603 LEIGHTON AVE.
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES R. RAINS PD 04/28/2009

Electronic Signature of Signing Officer or Director — Date