

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90007 032 ****61.25

DOCUMENT # N95000000711

1. Corporation Name

CROSSROADS COMMUNITY CHURCH OF NAPLES, INC.

124050-90007-32

Principal Place of Business

2057 TRADE CENTER WAY
NAPLES FL 34109
US

Mailing Address

2057 TRADE CENTER WAY
NAPLES FL 34109
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

02/13/1995

4. FEI Number

65-0630353

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, BRADFORD G
3461 BONITA BAY BLVD SUITE 214
BONITA SPRINGS FL 34134

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME CASALI, JAMES
STREET ADDRESS 7425 PLUMBAGO BRIDGE ROAD 201
CITY-ST-ZIP NAPLES FL 34109

TITLE D ☐ DELETE
NAME SMITH, BRADFORD G
STREET ADDRESS 3461 BONITA BAY BLVD SUITE 214
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE D ☒ DELETE
NAME TATSCH, CLINTON E
STREET ADDRESS 1440 GULF COAST DR.
CITY-ST-ZIP NAPLES FL 33963

TITLE D ☐ DELETE
NAME STEINBERG, DAVID
STREET ADDRESS 2854 BECCA AVENUE
CITY-ST-ZIP NAPLES FL 34112

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME Mack Wilson
1.3 STREET ADDRESS 11024 Phoenix Way
1.4 CITY-ST-ZIP Naples FL 34119

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Rick Simmons
2.3 STREET ADDRESS 9809 Clear Lake Circle
2.4 CITY-ST-ZIP Naples FL 34109

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

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

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME METZLER ANGSTROM
5.3 STREET ADDRESS 4199 LOS ALTOS COURT
5.4 CITY-ST-ZIP NAPLES FL 34109

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME PAUL LARSEN
6.3 STREET ADDRESS 5869 22ND AVE SW
6.4 CITY-ST-ZIP NAPLES FL 34116

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/99

9414950123

Date

Daytime Phone #

CR2E037 (11/98)