

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000711

1. Entity Name

CROSSROADS COMMUNITY CHURCH OF NAPLES, INC.

FILED

May 22, 2002 8:00 am
Secretary of State

05-22-2002 90082 039 ****61.25

Principal Place of Business

Mailing Address

2016 TRADE CENTER WAY
NAPLES FL 34109

2016 TRADE CENTER WAY
NAPLES FL 34109
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0630353

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 D ☐ Delete
NAME MAGGARD, MICHAEL
STREET ADDRESS 2142 ARBOUR WALK CIR 2614
CITY-ST-ZIP NAPLES FL 34109

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

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

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

TITLE D ☐ Delete
NAME SIMMONS, RICK
STREET ADDRESS 9809 CLEAR LAKE CIRCLE
CITY-ST-ZIP NAPLES FL 34109

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

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

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

TITLE D ☐ Delete
NAME ANGSTROM, MERLIN
STREET ADDRESS 4199 LOS ALTOS COURT
CITY-ST-ZIP NAPLES FL 34109

TITLE ☒ Change ☐ Addition
NAME ANGSTROM, MERLIN
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LARSEN, PAUL
STREET ADDRESS 5869 22ND AVE SW
CITY-ST-ZIP NAPLES FL 34116

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 all other like empowered.

SIGNATURE:

BRADFORD G SMITH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2

Date

(239) 495-0123

Daytime Phone #

CR2E037 (9/01)