

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
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90157 007 ****61.25

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DOCUMENT # N95000001609

1. Corporation Name

**CROSSROADS BAPTIST CHURCH OF SOUTH WEST BROWARD,
INC.**

1982/1 - 90157 - /

Principal Place of Business

**418 LAKESIDE CIR
SUNRISE FL 33326**

Mailing Address

**418 LAKESIDE CIR
SUNRISE FL 33326**



2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 216140
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

04/03/1995

4. FEI Number

65-0614830

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

City & State

23 Zip

Country

City & State

28 Zip

Country

Weston, FL

33326

USA

9. Name and Address of Current Registered Agent

**CARO, JOSEPH L
418 LAKESIDE CIR
SUNRISE FL 33326**

10. Name and Address of New Registered Agent

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

Joseph L. Caro
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-1-99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **CARO, JOSEPH L**
CITY-ST-ZIP **418 LAKESIDE CIR
SUNRISE FL 33326**

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **CARO, MARTI**
CITY-ST-ZIP **418 LAKESIDE CIR
SUNRISE FL 33326**

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **SENDELBACK, WILLIAM R**
CITY-ST-ZIP **4926 SW 123RD TER
COOPER CITY FL 33330**

TITLE ☐ DELETE
NAME **DT**
STREET ADDRESS **FIELDS, DANA B**
CITY-ST-ZIP **411 SW 70TH TER
PEMBROKE PINES FL 33023**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Martin Caro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/2/99 **954-389-5702**

CR2E037 (11/98)