

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90212 035 ****61.25

DOCUMENT # N95000001609

1. Entity Name

CROSSROADS BAPTIST CHURCH OF SOUTH WEST BROWARD, INC.

Principal Place of Business

**418 LAKESIDE CIR
 SUNRISE FL 33326**

Mailing Address

**P O BOX 268140
 WESTON FL 33326**

2. Principal Place of Business

2475 Glades Circle

Suite, Apt. #, etc.

3. Mailing Address

2475 Glades Circle

Suite, Apt. #, etc.

City & State

Weston, FL

City & State

Weston, FL

4. FEI Number

65-0614830

Applied For

Not Applicable

Zip

33327

Country

USA

Zip

33327

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

**CARO, JOSEPH L
 Street Address (P.O. Box Number is Not Acceptable)
 2016 Schooner Lane**

City Weston

FL

Zip Code 33327

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 **X Joseph L Caro**

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

(NOTE: Registered Agent signature required when reinstating)

04/29/02

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

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

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

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

TITLE **T** ☐ Delete
 NAME **DUSKIN, JR, CLIDELL**
 STREET ADDRESS **855 NW 76 TERR**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33324**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
 NAME **mc.**
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 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 all other like empowered.

SIGNATURE: **X Signature Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/02 954-389-5700

Date

Daytime Phone #

CR2E037 (9/01)