

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000001609

1. Entity Name
CROSSROADS BAPTIST CHURCH OF SOUTH WEST
BROWARD, INC.



Principal Place of Business
2475 GLADES CIRCLE
WESTON, FL 33327

Mailing Address
2475 GLADES CIRCLE
WESTON, FL 33327

DO NOT WRITE IN THIS SPACE



02152007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0614830

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARO, JOSEPH L
2016 SCHOONER LANE
WESTON, FL 33327

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CARO, JOSEPH L
2016 SCHOONER LANE
WESTON, FL 33327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
CARO, MARTI
2016 SCHOONER LANE
WESTON, FL 33327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
HAGGIT, CLAYTON
884 GOLDEN CANE DR
WESTON, FL 33327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/07/07-80051-022 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

02/20/07 954-389-5700