

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002004 (8)

1. Corporation Name

CROSSROADS CHRISTIAN CENTER, INC.



Principal Place of Business

Mailing Address

9433 WHITTINGTON DRIVE
JACKSONVILLE FL 32257

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JACKSONVILLE FL 32257

3. Date Incorporated or Qualified

04/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3315358

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAMBERT, JIMMY W
9433 WHITTINGTON DRIVE
JACKSONVILLE FL 32257

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 P ☐ DELETE
NAME LAMBERT, JIMMY W
STREET ADDRESS 9433 WHITTINGTON DRIVE
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME LAMBERT, LISA D
STREET ADDRESS 9433 WHITTINGTON DRIVE
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME CARLISLE, JOHN A
STREET ADDRESS 4136 CORDGRASS INLET DRIVE
CITY-ST-ZIP JACKSONVILLE BEACH FL

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

TITLE AS ☒ DELETE
NAME LONG, ALFRED B
STREET ADDRESS 1473 HOLLY OAKS LAKE ROAD, W.
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME William R. Rohn SR
4.3 STREET ADDRESS 2711 Cortez Rd
4.4 CITY-ST-ZIP Jacksonville, FL 32206

TITLE T ☒ DELETE
NAME SIMPSON, DENNIS G
STREET ADDRESS 5051 MARINER POINT DRIVE
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME E.V. BAIL
5.3 STREET ADDRESS 1811 Mills Rd
5.4 CITY-ST-ZIP Jacksonville, FL 32214

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☒ Change ☒ Addition
6.2 NAME Thomas Miller
6.3 STREET ADDRESS 1302 Clements Rd
6.4 CITY-ST-ZIP Jacksonville, FL 32211

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Jimmy W. Lambert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

Date

(904) 731-7284

Daytime Phone #

CR2E037 (12/95)