

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

9433 WHITTINGTON DRIVE
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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, JIMMY W	1.2 NAME	
STREET ADDRESS	9433 WHITTINGTON DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, LISA D	2.2 NAME	
STREET ADDRESS	9433 WHITTINGTON DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLISLE, JOHN A	3.2 NAME	
STREET ADDRESS	4136 CORDGRASS INLET DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	3.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, ALFRED B	4.2 NAME	D William R. Rohn SR
STREET ADDRESS	1473 HOLLY OAKS LAKE ROAD, W.	4.3 STREET ADDRESS	2711 Cortez Rd
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, DENNIS G	5.2 NAME	P E.V. BALL
STREET ADDRESS	5051 MARINER POINT DRIVE	5.3 STREET ADDRESS	1811 Mills Rd
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32214
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D Thomas Miller
STREET ADDRESS		6.3 STREET ADDRESS	1302 Clements Rd
CITY-ST-ZIP		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)