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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N96000002393 (4)

1. Corporation Name

CROSSROADS BAPTIST CHURCH OF CENTRAL FLORIDA, IN C.

Principal Place of Business	Mailing Address
400 S. ORLANDO AVE. MAITLAND FL 32751	~~POST OFFICE BOX 141105~~ ~~ORLANDO FL 32814~~ 4005 orlando ave Maitland FL 32751 New mailing address

3. Date Incorporated or Qualified: 05/03/1996

4. FEI Number: 59-3376034 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 4005 orlando ave Maitland FL 32751
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MILLETT, RYLAN N REV
3495 ARBUTUS LN.
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name: Rev Rylan N Millett
82 Street Address (P.O. Box Number is Not Acceptable): 3495 ARBUTUS LN
83
84 City: Winter Park FL 85 Zip Code: 32792

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: Rev Rylan N Millett — January 6, 1998
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	PDC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MILLETT, RYLAN N REV.		1.2 NAME		
STREET ADDRESS	400 S. ORLANDO AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL 32751		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DIZON, STEVE		2.2 NAME		
STREET ADDRESS	400 S. ORLANDO AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL 32751		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HANDY, DEAN		3.2 NAME		
STREET ADDRESS	400 S. ORLANDO AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL 32751		3.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHICK, BUD		4.2 NAME		
STREET ADDRESS	400 S. ORLANDO AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL 32751		4.4 CITY-ST-ZIP		
TITLE	TRS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MILLETT, MATTHEW H		5.2 NAME		
STREET ADDRESS	400 S. ORLANDO AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL 32751		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Rev Rylan N Millett Rylan N Millett 1/6/98 4075994033