


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90171 023 ****61.25

DOCUMENT # N96000002393					
1. Entity Name CROSSROADS BAPTIST CHURCH OF CENTRAL FLORIDA, INC.					
Principal Place of Business 414 RIDGE ROAD FERN PARK, FL 32730 US			Mailing Address 414 RIDGE ROAD FERN PARK, FL 32730 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3376034	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILLETT, RYLAN N REV 414 RIDGE ROAD FERN PARK, FL 32730			Name Christopher F. Millett Street Address (P.O. Box Number is Not Acceptable) 414 Ridge Road City Fern Park FL Zip Code 32730		
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 <u>Christopher F. Millett</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			SIGNATURE <u>Christopher F. Millett</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME MILLETT, RYLAN N REV. STREET ADDRESS 414 RIDGE ROAD CITY-ST-ZIP FERN PARK, FL 32730	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Millett, Christopher F Rev. STREET ADDRESS 414 Ridge Road CITY-ST-ZIP Fern Park, FL 32730	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME SHICK, BUD STREET ADDRESS 414 RIDGE ROAD. CITY-ST-ZIP FERN PARK, FL 32730	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TR NAME TOWNSEND, DENNIS STREET ADDRESS 414 RIDGE ROAD CITY-ST-ZIP FERN PARK, FL 32730	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HOLLENBACH, DAVID STREET ADDRESS 414 RIDGE ROAD CITY-ST-ZIP FERN PARK, FL 32730	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME IRIZARRY, RUBEN STREET ADDRESS 414 RIDGE ROAD CITY-ST-ZIP FERN PARK, FL 32730	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BARGAMIAN, ANDREW STREET ADDRESS 414 RIDGE ROAD CITY-ST-ZIP FERN PARK, FL 32730	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Christopher F. Millett</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/15/07</u> Daytime Phone # <u>407 599-4033</u>		