

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Oct 15 1998 8:00am
Secretary of State

00200

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002741 (4)

1. Corporation Name

CROSSROADS COMMUNITY CHURCH OF CENTRAL FLORIDA,
INC.

Principal Place of Business

280 LAKE SEMINARY CIR
MAITLAND FL 32751

Mailing Address

PO BOX 940672
MAITLAND FL 32794-0672
US



3. Date Incorporated or Qualified

05/16/1996

4. FEI Number

59-3381743

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

21 225 S. SWOPE AVE.

Suite, Apt. #, etc.

22 104

City & State

23 MAITLAND

Zip

24 32751

Country

25 U.S.A.

2a. Mailing Address

26 225 S. SWOPE AVE

Suite, Apt. #, etc.

27 104

City & State

28 MAITLAND

Zip

29 32751

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

MOULTON, RICHARD W
280 LAKE SEMINARY CIR
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name

WILLIAM L. STEAR

82 Street Address (P.O. Box Number is Not Acceptable)

315 SWEETWATER BLVD. NORTH

83

84 City

LONGWOOD

FL

85 Zip Code

32779

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 signatures required when reinstating)

9/15/98

12. OFFICERS AND DIRECTORS

TITLE D

NAME MOULTON, RICHARD W
STREET ADDRESS 280 LAKE SEMINARY CIR
CITY-ST-ZIP MAITLAND FL 32751

☒ DELETE

TITLE D

NAME STEAR, WILLIAM L
STREET ADDRESS 315 SWEETWATER BLVD N
CITY-ST-ZIP LONGWOOD FL 32779

☐ DELETE

TITLE D

NAME SCIABBARRASI, ADRIENNE
STREET ADDRESS 280 SCOTSDALE SQ 154-D Springwood Circle
CITY-ST-ZIP WINTER PARK FL 32782 Longwood, FL 32750

☐ DELETE

TITLE D

NAME STEAR, KATHY S.
STREET ADDRESS 315 SWEETWATER BLVD. N.
CITY-ST-ZIP LONGWOOD, FL 32779

☐ DELETE

TITLE D

NAME FRAZIER, JAMES A
STREET ADDRESS 1330 Palm Dr.
CITY-ST-ZIP APOPKA, FL 32703

☐ DELETE

TITLE D

NAME STEAR, KATHY S.
STREET ADDRESS 315 SWEETWATER BLVD. N.
CITY-ST-ZIP LONGWOOD, FL 32779

☐ DELETE

TITLE D

NAME FRAZIER, JAMES A
STREET ADDRESS 1330 Palm Dr.
CITY-ST-ZIP APOPKA, FL 32703

☐ DELETE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DIRECTOR STEAR, RICHARD S.

☐ Change

☐ Addition

1.2 NAME

405 Springview Dr.
Sanford, FL 32773

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

DIRECTOR JENSON, DAVID

☐ Change

☐ Addition

2.2 NAME

404 Cinnamon Oak Ct.

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Lake Mary, FL 32746

3.1 TITLE

DIRECTOR Nancee Michaux

☐ Change

☐ Addition

3.2 NAME

1725 Wintergreen Blvd.

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Winter Park, FL 32792

4.1 TITLE

DIRECTOR Ron Syman

☐ Change

☐ Addition

4.2 NAME

512 Parson Brown Way

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Longwood, FL 32750

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/98

Date

Daytime Phone #

CR2E037 (5/98)