

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002741

1. Entity Name

CROSSROADS COMMUNITY CHURCH OF CENTRAL FLORIDA, INC.

Principal Place of Business

315 SWEETWATER BLVD N  
ATTN: WM STEAR  
LONGWOOD FL 32779  
US

Mailing Address

315 SWEETWATER BLVD N  
ATTN: WM STEAR  
LONGWOOD FL 32779  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3381743

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEAR, WILLIAM L  
315 SWEETWATER BLVD NORTH  
LONGWOOD FL 32779

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME PROSSER, ADRIENNE  
STREET ADDRESS 2931 NEWMARK DRIVE  
CITY-ST-ZIP DELTONA FL 32738

TITLE SD  
NAME VICE President / Secretary  
STREET ADDRESS JENNIE POWELL  
CITY-ST-ZIP 572 MOON BEAM RD  
DOOR RD, FL 32712

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

TITLE  
NAME  
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NAME  
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CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

407-789-3321

Daytime Phone #

34976



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)