

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 05, 2006 08:00 AM**  
**Secretary of State**

**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

05162006 Chg-NP CR2E037 (4/06)

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**

**STEAR, WILLIAM L  
315 SWEETWATER BLVD NORTH  
LONGWOOD, FL 32779**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

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

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

TITLE SDVP ☐ Delete  
NAME **HAYS, KATIE**  
STREET ADDRESS **309 MCCOY VILLAGE COURT**  
CITY-ST-ZIP **APOPKA, FL 32712**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **000000575954**  
CITY-ST-ZIP **09/05/06-80002-017 61.25**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-31-06

407-774-1469