

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
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**



01152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STEAR, WILLIAM L
STREET ADDRESS	315 SWEETWATER BLVD N
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	TD
NAME	STEAR, KATHY S
STREET ADDRESS	315 SWEETWATER BLVD N
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	SDVP
NAME	HAYS, KATIE
STREET ADDRESS	309 MCCOY VILLAGE COURT
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/25/07-80005-012 61.25

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date