

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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**

FILED
Sep 12, 2008 08:00 AM
Secretary of State



07032008 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 September 12, 2008**

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

U000000959571
09/12/08-80002-017 61.25

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IN THIS SPACE**

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

9.9.08

Date

407.774.1469

Daytime Phone #