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**Mar 04, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N96000003835**

1. Corporation Name

**THE CROSSROADS CHURCH, INC.**

Principal Place of Business

5860 OLD TIMUQUANA RD  
11  
JACKSONVILLE FL 32210  
US

Mailing Address

P.O BOX 7510  
JACKSONVILLE FL 32238  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

**07/22/1996**

4. FEI Number

**59-3385719**

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

9. Name and Address of Current Registered Agent

**MADDOX, RICHARD D**  
**5236 ACRE ESTATES DRIVE WEST**  
**JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent

81 Name **William I. Smith Jr**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**830 Donegal Court**  
83  
84 City **Jacksonville** **FL** 85 Zip Code **32065**

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 *William I. Smith Jr*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **MADDOX, RICHARD D**  
STREET ADDRESS **5236 ACRE ESTATES DRIVE WEST**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **VPD** ☐ DELETE  
NAME **SMITH, WILLIAM**  
STREET ADDRESS **830 DONEGAL CT.**  
CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE **SD** ☐ DELETE  
NAME **BRYANT, BRENDA**  
STREET ADDRESS **1038 PEBBLE RIDGE DR.**  
CITY-ST-ZIP **JACKSONVILLE FL 32220**

TITLE **TD** ☐ DELETE  
NAME **POLK, LIBBY**  
STREET ADDRESS **3931 HUNTER LAKE CIR. W.**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *William I. Smith Jr* **SIGNATURES REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)