

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2004 8:00 am
Secretary of State

06-25-2004 90002 034 ****70.00

DOCUMENT # N96000005860

1. Entity Name
CROSSWAY COMMUNITY CHURCH, INC.



Principal Place of Business
**511 FIELDSTREAM BLVD
ORLANDO, FL 32825 US**

Mailing Address
**12472 LAKE UNDERHILL RD
316
ORLANDO, FL 32828 US**

54058817



2. Principal Place of Business
5827 DAHLIA DR

3. Mailing Address
5827 DAHLIA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05022004 Chg-NP CR2E037 (10/03)

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number
59-3414578

Applied For
Not Applicable

Zip
32807

Country

Zip
32807

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FRANZ, GARY P
511 FIELDSTREAM BLVD
ORLANDO, FL 32825**

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]

6-22-04

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 8, 2004**

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 **D** ☐ Delete
NAME **FRANZ, GARY**
STREET ADDRESS **511 FIELDSTREAM BLVD**
CITY-ST-ZIP **ORLANDO, FL 32825**

TITLE **D** ☐ Delete
NAME **DAVY, KEITH**
STREET ADDRESS **13719 GUILDHALL CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE **D** ☐ Delete
NAME **BRITZIUS, RON**
STREET ADDRESS **4929 HOPESPRING DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32829**

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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)(i), 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

6-22-04

Date

107 275-0008

Daytime Phone #