2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N96000006006



FILED Apr 09, 2008 8:00 am Secretary of State

04-09-2008 90033 028 ****61.25

1. Entity Name CROSSROAD UNITED METHODIST CHURCH, INC.									
				GATE PARKWAY	dress ATE PARKWAY NORTH /ILLE, FL 32246 US		The state of the same seem seem seem seem seem seem see		
Principal Place of Business - No P.O. Box # Mailing Address									
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			01072008 Chg-NP CR2E037 (12/06)		
City & State			City	City & State			4. FEI Number	e e	
Zip Country			Zip	Zip Cou		untry	5. Certificate of Status Desired \$8.75 Additional Fee Required		
Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent		
SPRAGUE, GEORGE H III						Name	·		
10005 GATE PARKWAY NORTH JACKSONVILLE, FL 32246						Street Address	s (P.O. Box Number is Not Acceptable)		
WOODOWNELL, TE 32240				-		City	Zip Code		
		ty submits this statement tered agent.	for the purpo	se of changing its	register	ed office or registi	tered agent, or both, in the State of Florida. I am familiar with, and accep	t	
0.00.47.105		·							
SIGNATURE .	Signature, typed	d or printed name of registered age	ent and title if applic	able (NOTE	: Begistere	ed Agent signature require	red when reinstaling) DATE		
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	Filing Fe	e is \$61.25 May 1, 2008		9. Election Can Trust Fund C	npaign F	Financing Lion.	\$5.00 May Be Added to Fees Make check payable to Florida Department of State		
10.	Filing Fe Due by R			9. Election Can Trust Fund C	npaign F Contribut	Financing tion.	\$5.00 May Be Added to Fees Make check payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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12. I hereby certify that the information supplied with this filling 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: \(\sigma\)

Lavere SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 904-448-1288