

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006006

FILED  
Jan 10, 2011  
Secretary of State

**Entity Name:** CROSSROAD UNITED METHODIST CHURCH, INC.

**Current Principal Place of Business:**

10005 GATE PARKWAY NORTH  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

10005 GATE PARKWAY NORTH  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

**FEI Number:** 59-3413107

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPRAGUE, GEORGE H III  
10005 GATE PARKWAY NORTH  
JACKSONVILLE, FL 32246 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** STOUFFER, MARCUS  
**Address:** 7801 POINT MEADOWS DRIVE, #6302  
**City-St-Zip:** JACKSONVILLE, FL 32256

**Title:** D  
**Name:** THIGPEN, ROY  
**Address:** 598 ABERDEEN CT  
**City-St-Zip:** ORANGE PARK, FL 32073

**Title:** DS  
**Name:** LOCKEY, LINDA  
**Address:** 8718 OSPREY LANE  
**City-St-Zip:** JACKSONVILLE, FL 32217

**Title:** D  
**Name:** JOHNSTON, LISA  
**Address:** 6842 LENCZYK DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32277 26

**Title:** DC  
**Name:** COLQUITT, JEFF  
**Address:** 201 GNARLED OAKS DR  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

**Title:** DT  
**Name:** CORRISTAN, EDWARD  
**Address:** 2436 SEDGWICK PLACE  
**City-St-Zip:** JACKSONVILLE, FL 32217

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** CAROLYN WINKLER

FS

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date