FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPAR MENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

3.

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6.

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10.

Street Address (P

2042

DOCUMENT #

N96000006074 (6)

CROSS ROADS FREE METHODIST CHURCH, INC.

Country

9. Name and Address of Current Registered Agent

25

Principal Place of Business 1595 E. GRAVES ORANGE CITY FL 32763

2. Principal Place of Business

LOVETT, THOMAS

-2024 N. NORMANDY BLVD.

ORANGE OFFY FL 32725

Suite, Apt #, etc.

City & State

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23

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Zip

Mailing Address

1595 E. GRAVES

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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ORANGE CITY FL 32763-5509

FILED May 16 1997 8:00am Secretary of State

Date Incorporated or Qualified 11/22/1996	3a. Da	ate of	Last Report	
FEI Number 57 - 3455	404		Applied For	
18 12 18 12 19 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	-3-3-(ا حيّ	Not Applicable	
Certificate of Status Desired			.75 Additional see Required	
Election Campaign Financing Trust Fund Contribution			5.00 May Be added to Fees	
This corporation has liability for Florida Statutes		tax u	nder s. 199.032,	
Name and Address of New Registered Agent				
mes Lovett				
O. Box Number is Not Accepted	الور(ا			
)eltona	FL	85	Zip Code 72725	
submits this statement for the poard of directors. I hereby accept	ourpose of pt the app	f chan cointm	ging Its registered ent as registered	

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 jamiliar with, and accept the <u>obligations</u> of, Section 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printer; name of registered agent and table if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OFFICIAL PROPERTY OF THE PROPERTY					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Octor 11 3278C DELETY	1.1 TITLE	☐ Change ☐ Addition		
NAME	1999	1.2 NAME	Waren K. Lovett		
STREET ADDRESS	thanks the south the	1.3 STREET ADDRESS	do4x N. Hormandy Blya		
CITY-ST-ZIP	2042 A. Dormanda Blog	1.4 City-St-ZiP	Deltona, TU 32/25		
TITLE	Ton Zahaiah DELETE	2.1 TITLE	Change E Addition		
NAME (2.2 NAME	ton tachesieh		
STREET ADDRESS	1880 Faction (1) If ider	2.3 STREET ADDRESS	188 FortanesCt. V		
CITY-ST-ZIP	Delteak Fl. 32725	2. 4 CITY-ST-ZIP	Deltona FL 32725		
TITLE	Donas Stasona DELETE	3.1 TITLE	Tr. Change L Addition		
NAME	1220 1.160 100	3.2 NAME	Dooma Stinson		
STREET ADDRESS	Dellow Fl EDROS	3.3 STREET ADDRESS	Ilxal Pilgrym Alex		
CITY - ST - ZIP	32.765	3.4. CITY-ST-ZIP	Delfona FL 32725		
TITLE	DELETE	4.1 TITLE	Pastor - T Change Addition		
NAME	ABNER BUSHETH	4. 2 NAME	Thomas M. Lovett		
STREET ADDRESS	You paton to ale	4.3 STREET ADDRESS	2042 N Normandy Blud		
CITY - ST - ZIP	De Hong 71 32761	4.4 CITY-ST-ZIP	De Jona, FL 32725		
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition		
NAME	JAMISON M. ILSSUP SR	5.2 NAME	William E Royse		
STREET ADDRESS	56 Dokenge A	5.3 STREET ADDRESS	49 Columbine Trail CE ALV		
CITY-ST-ZIP	De Hong 96 32738	5.4 CITY-ST-ZIP	DeBany FL 32713		
TITLE	FINANCIAL SECRETARY -T DELETE	6.1 TITLE	☐ Change ☐ Addition		
NAME	MARLENE ROYSE	6.2 NAME	200002193282		
STREET ADDRESS	49 Columbine Trail	6.3 STREET ADDRESS	-05/28/9701060008		
CITY-ST-ZIP	DeBary FL 32713	6.4 CITY - ST- ZIP	***61.25		

Country

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14. I do 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.

SIGNATURE:

WHAT TO THE CUIRED

2/18/97

904-775.4991