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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006074 (6)**

1. Corporation Name

**CROSS ROADS FREE METHODIST CHURCH, INC.**

Principal Place of Business

1595 E. GRAVES  
ORANGE CITY FL 32763

Mailing Address

1595 E. GRAVES  
ORANGE CITY FL 32763



3. Date Incorporated or Qualified

**11/22/1996**

4. FEI Number

**59-3433404**

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOVETT, THOMAS  
2042 N. NORMANDY BLVD.  
ORANGE CITY FL 32725

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

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	TP	<input type="checkbox"/> DELETE
NAME	LOVETT, THOMAS M	
STREET ADDRESS	2042 N. NORMANDY BLVD	
CITY-ST-ZIP	DELTONA FL 32725	

TITLE	TS	<input type="checkbox"/> DELETE
NAME	ROYSE, MARLENE	
STREET ADDRESS	49 COLUMBINE TRAIL	
CITY-ST-ZIP	DEBARY FL 32713	

TITLE	T	<input type="checkbox"/> DELETE
NAME	ROYSE, WILLIAM E	
STREET ADDRESS	49 COLUMBINE TRAIL	
CITY-ST-ZIP	DEBARY FL 32713	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Donna S. Rich	
1.3 STREET ADDRESS	1220 Pilgrim Ave	
1.4 CITY-ST-ZIP	Deltona, FL 32725	

2.1 TITLE	Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rickey Blades	
2.3 STREET ADDRESS	2625 Beckwith St	
2.4 CITY-ST-ZIP	Deltona, FL 32738	

3.1 TITLE	Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bruce Epstein	
3.3 STREET ADDRESS	2722 Windsor Hts.	
3.4 CITY-ST-ZIP	Deltona, FL 32738	

4.1 TITLE	Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	William E Royse	
4.3 STREET ADDRESS	49 Columbine Trail	
4.4 CITY-ST-ZIP	DeBary FL 32713	

5.1 TITLE	Tr P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Thomas Lovett	
5.3 STREET ADDRESS	2042 N. Normandy Blvd	
5.4 CITY-ST-ZIP	Deltona, FL 32725	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Marlene Royse* **MARLENE ROYSE**

1-29-98

407-668-1525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 407-668-1525

CR2E037 (10/97)