

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006074

1. Entity Name

CROSS ROADS FREE METHODIST CHURCH, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90119 007 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1595 E. GRAVES  
ORANGE CITY FL 32763

1595 E. GRAVES  
ORANGE CITY FL 32763-5509

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3433404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

1198 AZORA DR

City

Deltona

FL

Zip Code

32725

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.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TRP	<input type="checkbox"/> Delete
NAME	LOVETT, THOMAS M	
STREET ADDRESS	2042 N. NORMANDY BLVD	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	T	<input type="checkbox"/> Delete
NAME	CANDOE, DOREEN	
STREET ADDRESS	440 S. CASS ST	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	TR	<input type="checkbox"/> Delete
NAME	MORMUR, WILLIAM	
STREET ADDRESS	162 N. VOLUSIA AVE	
CITY-ST-ZIP	LAKE HELEN FL 32744	
TITLE	TR	<input type="checkbox"/> Delete
NAME	HENREY, KENNETH SR	
STREET ADDRESS	1002 COUNTRY CLUB PARK	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	BLADES, RICKEY	
STREET ADDRESS	1610 E. NORMANDY	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	TRP	<input type="checkbox"/> Delete
NAME	LOVETT, THOMAS	
STREET ADDRESS	2042 N NORMANDY BLVD	
CITY-ST-ZIP	DELTONA FL 32725	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1198 AZORA Dr	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANDEE, DOREEN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Pastor of Maturity	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth Henry Sr.	
STREET ADDRESS	966 Country Club Park	
CITY-ST-ZIP	DeLand, FL. 32724	
TITLE	Pastor of Music	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donna Fox Whitley	
STREET ADDRESS	401 W. Seminole Blvd. Apt # 86	
CITY-ST-ZIP	Sanford, FL. 32771	
TITLE	Thomas M. K...	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1198 AZORA DR	
STREET ADDRESS	Deltona	
CITY-ST-ZIP	FL 32725	

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)