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May 17, 1999 8:00 am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004243

1. Corporation Name

CROSSROAD MINISTRIES, INC.

Principal Place of Business

**4300 DUNDEE RD
WINTER HAVEN FL 33884
US**

Mailing Address

**P.O. BOX 517
HAINES CITY FL 33845
US**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/24/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3456187

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURPHY, KAREN W
4300 DUNDEE RD
WINTER HAVEN FL 33884**

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

Karen W. Murphy **KAREN W. MURPHY, PRES**

5/13/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PSD**
STREET ADDRESS **MURPHY, KAREN W**
CITY-ST-ZIP **5052 WHITE CLAY ROAD**
HAINES CITY FL 33844

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

see attached

TITLE ☐ DELETE
NAME **VPTD**
STREET ADDRESS **MURPHY, GEORGE A**
CITY-ST-ZIP **5052 WHITE CLAY ROAD**
HAINES CITY FL 33844

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☒ DELETE
NAME **DS**
STREET ADDRESS **MIXON, VICKIE**
CITY-ST-ZIP **2756 SEQUOYAH DR**
HAINES CITY FL 33844

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MYERS, MABELLE**
CITY-ST-ZIP **815 PRADO GRANDE**
HAINES CITY FL 33844

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **ROCKER, J THOMAS**
CITY-ST-ZIP **2740 SEQUOYAH DR**
HAINES CITY FL 33844

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **WILKINSON, JOANNA**
CITY-ST-ZIP **1909 PENINSULAR DR.**
HAINES CITY FL 33844

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Karen W. Murphy **KAREN W. MURPHY**

5/13/99

439-5544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

**Board of Directors
1998**

556405-90086-22
Doc# N97000004243

- 1) Bob Hoffman
- 2) Carole Hoffman
881 Tartan Loop
Lake Wales, FL 33853
- 3) Josephine Howard
1909 S 10th Street
Haines City, FL 33844
- 4) Drew Murphy
- 5) Karen Murphy
PO Box 993
Haines City, FL 33845
- 6) Mabelle Myers
815 Prado Grande
Haines City, FL 33844
- 7) Jennifer Snively
2750 Lake Pierce Drive
Lake Wales, Fl 33853
- 8) Kevin West
2979 Chickasaw Drive
Haines City, FL 33844
- 9) Joanna Wilkinson
PO Box 2037
Haines City, FL 33845