


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90092 021 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000005705**

1. Corporation Name

**CROSSROADS BAPTIST CHURCH OF ST. CLOUD INC.**

Principal Place of Business

POST OFFICE BOX 700276  
ST. CLOUD FL 34770-0276

Mailing Address

POST OFFICE BOX 700276  
ST. CLOUD FL 34770-0276



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4227 13th Street		26		10/08/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3464603	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 St. Cloud FL		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29	
24 34769		25 Osceola		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WALLACE, WILLIAM D 2932 CIALELLA PASS ST. CLOUD FL 34772				81 Name William D WALLACE	
				82 Street Address (P.O. Box Number is Not Acceptable) 1118 Connecticut Ave	
				83	
				84 City St. Cloud	
				85 Zip Code FL 34769	

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 William D Wallace DATE 4-11-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMB, GARRY J	1.2 NAME	
STREET ADDRESS	1234 PECAN ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMEE FL 34744	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAIG, JAY	2.2 NAME	
STREET ADDRESS	605 REDWOOD CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMEE FL 34743	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATUM, WALT	3.2 NAME	
STREET ADDRESS	2230 JANET ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMEE FL 34741	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Treasurer
STREET ADDRESS		4.3 STREET ADDRESS	Darrel Bridges
CITY-ST-ZIP		4.4 CITY-ST-ZIP	4882 Sparrow ST. Cloud, FL 34772
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: William D Wallace DATE 4-11-99 DAYTIME PHONE # 407-891-8688  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)