

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005705

1. Entity Name

CROSSROADS BAPTIST CHURCH OF ST. CLOUD INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90062 022 ****70.00

Principal Place of Business

4227 13TH STREET
ST. CLOUD FL 34769

Mailing Address

POST OFFICE BOX 700276
ST. CLOUD FL 34770-0276

2. Principal Place of Business

3797 Edsel Ave
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
ST. CLOUD FL

City & State

4. FEI Number

59-3464603

Applied For

Not Applicable

Zip
34772 Country
U.S.A.

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACE, WILLIAM D
1118 CONNECTICUT AVE
ST. CLOUD FL 34769

7. Name and Address of New Registered Agent

Name
William D Wallace
Street Address (P.O. Box Number is Not Acceptable)
3795 Edsel Ave
City ST. CLOUD FL Zip Code 34772

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

William D Wallace

4/13/2000

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAMB, GARRY J 1234 PECAN ST KISSIMEE FL 34744	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCAIG, JAY 605 REDWOOD CT KISSIMEE FL 34743	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRIDGES, DARREL 4882 SPARROW ST CLOUD FL 34772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director / Deacon Roger Jones 4801 Hunting Lodge Road ST. CLOUD, FL 34772	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director / Deacon Darrel Bridges 4882 Sparrow Dr ST. CLOUD, FL 34772	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director / Trustee Arden Harnelson 5041 N. Kaliga Dr ST. CLOUD, FL 34771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director / Trustee Ross Leeper 2875 Biran Road ST. CLOUD, FL 34772	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

William D Wallace
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

407-891-8688

Date

Daytime Phone #

CR2E037 (9/99)