

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2001 8:00 am**  
**Secretary of State**

05-31-2001 90002 033 \*\*\*\*70.00

**DOCUMENT # N97000005705**

1. Entity Name

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

Principal Place of Business

4227 13TH STREET  
 ST. CLOUD FL 34769

Mailing Address

POST OFFICE BOX 700273  
 ST. CLOUD FL 34770-0273

2. Principal Place of Business

3797 Edsel Avenue  
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 700276  
 Suite, Apt. #, etc.  
 ST. CLOUD

City & State

ST. CLOUD, FL

City & State

Florida

4. FEI Number

59-3464603

Applied For

Not Applicable

Zip

34772

Country

OSCEOLA

Zip

34770-0276 OSCEOLA

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*

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

(NOT)

Registered Agent signature required when reinstating)

4/30/2001

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roger Jones	
STREET ADDRESS	4801 Hunting Lodge Road	
CITY-ST-ZIP	ST. CLOUD, FL 34772	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allen Hamelson	
STREET ADDRESS	50411 N. KALIGA DR	
CITY-ST-ZIP	ST. CLOUD, FL 34769	
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ross Leeper	
STREET ADDRESS	2875 Biron	
CITY-ST-ZIP	ST. CLOUD, FL 34772	
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Bunkett	
STREET ADDRESS	4774 Mallard DR.	
CITY-ST-ZIP	ST. CLOUD, FL 34772	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 is 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* President

4/30/2001 402-891-8688

CR2E037 (10/00)