

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005705

1. Entity Name

CROSSROADS BAPTIST CHURCH OF ST. CLOUD INC.

FILED
Jun 16, 2002 8:00 am
Secretary of State

06-16-2002 90695 019 ****70.00

Principal Place of Business

3797 EDSEL AVENUE
SAINT CLOUD FL 34772

Mailing Address

POST OFFICE BOX 700276
ST. CLOUD FL 34770-0276



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3464603

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

WALLACE, WILLIAM D
3795 EDSEL AVE
SAINT CLOUD FL 34772

Name

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

City

FL

Zip Code

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 ⁵⁰

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
NAME
STREET ADDRESS
CITY-ST-ZIP

T
BURKETT, JIM
4774 MALLARD DR
SAINT CLOUD FL 34772

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
MCAIG, JAY
605 REDWOOD CT
KISSIMMEE FL 34743

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Jay McCaig SR.
3875 Rambler Ave
ST. Cloud, FL 34772

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
BRIDGES, DARREL
4882 SPARROW
ST CLOUD FL 34772

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
JONES, ROGER
4801 HUNTING LODGE ROAD
SAINT CLOUD FL 34772

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
HAMELSON, ANLEN
5041 N KALIGA DR
SAINT CLOUD FL 34769

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Trustee
Arlen Hamelsson

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
LEEPER, ROSS
2875 BINON
SAINT CLOUD FL 34772

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2875 Biran Road

☒ Change ☐ 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

6/3/02

402-891-8688

CR2E037 (9/01)