

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005705

FILED
Feb 26, 2005
Secretary of State

Entity Name: CROSSROADS BAPTIST CHURCH OF ST. CLOUD INC.

Current Principal Place of Business:

3797 EDESEL AVENUE
SAINT CLOUD, FL 34772

New Principal Place of Business:

Current Mailing Address:

3797 EDESEL AVENUE
SAINT CLOUD, FL 34772

New Mailing Address:

FEI Number: 59-3464603 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WALLACE, WILLIAM D
3795 EDESEL AVE
SAINT CLOUD, FL 34772 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALLACE, WILLIAM D
Address: 3795 EDESEL AVE
City-St-Zip: SAINT CLOUD, FL 34772

Title: D () Delete
Name: BRIDGES, DARREL
Address: 4882 SPARROW
City-St-Zip: ST CLOUD, FL 34772

Title: D () Delete
Name: MAYES, ELMER
Address: 3832 COUINGTON DR.
City-St-Zip: SAINT CLOUD, FL 34772

Title: O () Delete
Name: FARR, CRAIG
Address: 2614 QUAIL POND WAY
City-St-Zip: KISSIMMEE, FL 34743

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM D WALLACE

P

02/26/2005

Electronic Signature of Signing Officer or Director

_____ Date