


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 09, 2008 8:00 am
Secretary of State

07-09-2008 90019 038 ****70.00

DOCUMENT # N97000005705	
1. Entity Name CROSSROADS BAPTIST CHURCH OF ST. CLOUD INC.	

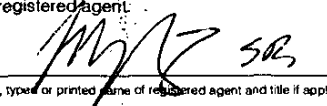
Principal Place of Business 3797 EDESEL AVENUE SAINT CLOUD, FL 34772	Mailing Address 3797 EDESEL AVENUE SAINT CLOUD, FL 34772
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
07062008 Chg-NP	CR2E037 (12/06)
4. FEI Number 59-3464603	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCCAIG, JAY W SR 3795 EDESEL AVE SAINT CLOUD, FL 34772

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 7-7-08
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	MCCAIG, JAY W SR
STREET ADDRESS	3795 EDESEL AVE
CITY - ST - ZIP	SAINT CLOUD, FL 34772
TITLE	D <input type="checkbox"/> Delete
NAME	BURKETT, JAMES E
STREET ADDRESS	4774 MALLARD
CITY - ST - ZIP	ST CLOUD, FL 34772
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MAYES, ELMER
STREET ADDRESS	3832 COVINGTON DR.
CITY - ST - ZIP	SAINT CLOUD, FL 34772
TITLE	D <input type="checkbox"/> Delete
NAME	MCCAIG, ELVIRA
STREET ADDRESS	3795 EDESEL AVE
CITY - ST - ZIP	SAINT 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	D, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miguel Figueroa
STREET ADDRESS	4701 Wren DR
CITY - ST - ZIP	SAINT CLOUD FL 34772
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 