

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2006 8:00 am
Secretary of State

08-03-2006 90004 008 ****61.25

DOCUMENT # N98000001507

1. Entity Name
CROSS CREEK PRESBYTERIAN CHURCH OF ST.
JOHNS COUNTY, INC.



Principal Place of Business
100 SR 13, STE C
JACKSONVILLE, FL 32259

Mailing Address
100 SR 13, STE C
JACKSONVILLE, FL 32259

50024137



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07192006

Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3396367

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

MCARTHUR, CHARLES W.
100 SR 13, SUITE C
JACKSONVILLE, FL 32259

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME MCARTHUR, CHARLES W.
STREET ADDRESS 342 SECRET WOLLOW WAY
CITY-ST-ZIP JACKSONVILLE, FL 32259 **ST AUGUSTINE, FL 32092**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CROYSDALE, WILLIAM H II
STREET ADDRESS 560 CHERYL COURT
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LANTRIP, RONALD L
STREET ADDRESS 1034 GARRISON DRIVE
CITY-ST-ZIP ST. AUGUSTINE, FL 32092

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME POLK, JAMES K
STREET ADDRESS 244 IVY LAKES
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME TIMBOL, ANTONIO V
STREET ADDRESS 241 MAPLEWOOD DR
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME Buford, Lon
STREET ADDRESS 313 JOHNS GLEN DR
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE ☐ Change ☐ 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: Charles W. McArthur
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/06
Date

904-940-9443
Daytime Phone #