

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001507

FILED  
Jun 16, 2008  
Secretary of State

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

**Current Principal Place of Business:**

401 GREENBRIAR RD.  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

401 GREENBRIAR RD.  
JACKSONVILLE, FL 32259

**New Mailing Address:**

**FEI Number:** 59-3396367      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MCARTHUR, CHARLES W.  
401 GREENBRIAR RD.  
JACKSONVILLE, FL 32259      US

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: D      ( ) Delete  
Name: MCARTHUR, CHARLES W.  
Address: 929 S INDIAN RIVER RF  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D      ( ) Delete  
Name: CROYSDALE, WILLIAM H II  
Address: 560 CHERYL COURT  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D      ( ) Delete  
Name: LANTRIP, RONALD L  
Address: 1034 GARRISON DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D      ( ) Delete  
Name: POLK, JAMES K  
Address: 244 IVY LAKE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D      ( ) Delete  
Name: TIMBOL, ANTONIO V  
Address: 241 MAPLEWOOD DR  
City-St-Zip: JACKSONVILLE, FL 32259

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: MCARTHUR, CHARLES W  
Address: 929 S INDIAN RIVER RF  
City-St-Zip: SAINT AUGUSTINE, FL 32092

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:

Title: D      ( ) Change (X) Addition  
Name: HOOPER, ROBERT W  
Address: 313 SUN MARSH CT  
City-St-Zip: ST. JOHNS, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHARLES W. MCARTHUR

D

06/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date