## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## Mar 17, 2003 8:00 am Secretary of State DOCUMENT # N98000001507 03-17-2003 91092 020 \*\*\*\*61.25 CROSS CREEK PRESBYTERIAN CHURCH OF ST. JOHNS COU Principal Place of Business Mailing Address 100 SR 13. STE C 100 SR 13, STE C JACKSONVILLE FL 32259 JACKSONVILLE FL 32259 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3396367 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCARTHUR, CHARLES W. Street Address (P.O. Box Number is Not Acceptable) 100 SR 13, SUITE C JACKSONVILLE FL 32259 City 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 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. $\Box$ Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete . TITLE ☐ Addition MCARTHUR, CHARLES W. NAME , NAME STREET ADDRESS 312 SECRET HOLLOW WAY , Street address CITY-ST-ZIP JACKSONVILLE FL 32259 CITY-ST-7IP TITLE **⊠** Delete TITLE ☐ Change ☐ Addition DAY, RICHARD E . Name STREET ADDRESS 820 BROOKSTONE CT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32259 CITY-ST-ZIP TITLE Delete Change ☐ Addition CROYSDALE, WILLIAM H. III NAME CROYJDALE & H. WICCIAM I NAME STREET ADDRESS 560 CHERYL COURT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32259 , CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME Lantrip, Ron L Ronald L. Lantrip 123 Village Green Are. NAME STREET ADDRESS 1236 VILLAGE GREEN AVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP JACKSONUILLE FL 32259 Delete JITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

904-287-4234

**FILED**