

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JAN 16 PM 4:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000004825**

1. Corporation Name  
**Crossroads Baptist Church Of  
Jacksonville, Florida, Inc.**

100086689551  
01/30/07--01028--002 \*\*420.00

2. Principal Office Address		3. Mailing Office Address	
12165 Duval Road		12165 Duval Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
N/A		N/A	
City & State		City & State	
Jacksonville, FL		Jacksonville, FL	
Zip	Country	Zip	Country
32218	Duval	32218	Duval

**REINSTATEMENT** CR2E081 (12/05) **04-07**

4. Date Incorporated or Qualified To Do Business in Florida	8/20/98	Applied For	
5. FEI Number	59-2073820	Not Applicable	
6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status	

**7. Name and Address of Current Registered Agent**

Name		
<b>Anthony W. Rister</b>		
Street Address (P.O. Box Number is Not Acceptable)		
76532 Long Leaf Loof		
Suite, Apt. #, Etc.		
City		
Yulee		State
		FL
Zip Code		32097

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Anthony W. Rister* Date 1-11-07  
REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Anthony W. Rister	76532 Long Leaf Loof	Yulee, FL 32097
T	Gary Brown	5816 Lysaid Drive	Jacksonville, FL 32209
T	Albert T. Saffer	2244 Armsdale Road	Jacksonville, FL 32218
T	Jimmy Carter	11607 Alta Circle	Jacksonville, FL 32226
T	J. Adam Lybrand	5962-1 Julie Avenue	Jacksonville, FL 32254

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Anthony W. Rister* **Anthony W. Rister (CEO, Probr)** 1-11-07 (904) 768-7298  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #