

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004825

FILED  
Jan 27, 2009  
Secretary of State

**Entity Name:** CROSSROADS BAPTIST CHURCH OF JACKSONVILLE, FLORIDA, INC.

**Current Principal Place of Business:**

12165 DUVAL ROAD  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

12165 DUVAL ROAD  
JACKSONVILLE, FL 32218

**New Mailing Address:**

FEI Number: 59-2073820      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RISTER, ANTHONY W  
76532 LONG LEAF LOOF  
YULEE, FL 32097      US

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

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: T      ( ) Delete  
Name: BROWN, GARY  
Address: 5816 LYSAID DRIVE  
City-St-Zip: JACKSONVILLE, FL 32209

Title: T      ( ) Delete  
Name: SAFFER, ALBERT T  
Address: 2244 ARMSDALE ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: T      ( ) Delete  
Name: CARTER, JIMMY  
Address: 11607 ALTA CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32226

Title: T      ( ) Delete  
Name: LYBRAND, J. ADAM  
Address: 5962-1 JULIE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32254

Title: CEO      ( ) Delete  
Name: RISTER, ANTHONY W  
Address: 76532 LONG LEAF LOOF  
City-St-Zip: YULEE, FL 32097

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

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:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ANTHONY W. RISTER

CEO

01/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date