


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90057 023 \*\*\*\*61.25

**DOCUMENT # N98000004825**

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



Principal Place of Business  
**12165 DUVAL ROAD  
JACKSONVILLE FL 32218**

Mailing Address  
**12165 DUVAL ROAD  
JACKSONVILLE FL 32218**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-2073820** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MIXON, RAYMOND  
12165 DUVAL ROAD  
JACKSONVILLE FL 32218**

7. Name and Address of New Registered Agent

Name **Anthony Rister**

Street Address (P.O. Box Number is Not Acceptable)  
**12165 Duval Road**

City **Jacksonville** FL Zip Code **32218**

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 **Anthony Rister Pastor** DATE **03/05/03**

*Anthony Rister*

\*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JOHNSTON, DOUG</b> <b>10380 ALLENE RD.</b> <b>JACKSONVILLE FL 32219</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAFFER, AL</b> <b>7232 LINDA DR.</b> <b>JACKSONVILLE FL 32208</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TARKINGTON, BILLY</b> <b>11364 V.C. JOHNSON RD.</b> <b>JACKSONVILLE FL 32218</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEES, FRANCES</b> <b>1411 GAILWOOD CIR., N</b> <b>JACKSONVILLE FL 32218</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Gary Brown</b> <b>2923 Broward Rd</b> <b>Jacksonville, FL 32218</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Al Bowie</b> <b>403 Tarpon Ave. Suite 208</b> <b>Amelia Island, FL 32034</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Buddy Edmonds</b> <b>34158 Daybreak Dr</b> <b>Callahan, FL 32011</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Buddy Edmonds** DATE: **03/05/03** **904-768-7298**

**NOTARIAL SIGNATURE REQUIRED**

CR2E037 (10/02)