

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
Jun 01, 2000 8:00 am
Secretary of State

04-20-2000 90055 018 ****61.25

DOCUMENT # N99000000455

1. Entity Name

CROSSROAD COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

11561 ALEXIS FOREST DR.
 JACKSONVILLE FL 32258

11561 ALEXIS FOREST DR.
 JACKSONVILLE FL 32258-1545

2. Principal Place of Business

3. Mailing Address

Crossroads Community Church 2955 Hartley Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 104B

Suite 104B

City & State

City & State

Jacksonville FL

Jacksonville FL

Zip

Country

Zip

Country

32257 Duval

32257 Duval



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3551669

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMERON, RONALD T
6731 STUART AVE #7
JACKSONVILLE FL 32254

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

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 Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | <i>Therese DT</i> |
| STREET ADDRESS | <i>Ron Cameron</i> |
| CITY-ST-ZIP | <i>2371 Cemetery Rd Jacksonville FL 32221</i> |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | <i>David Diehm</i> |
| STREET ADDRESS | <i>1046 Larkspur Loop Jacksonville, FL 32259</i> |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | <i>MIKE COCHRANE - VICE-CHAIRMAN</i> |
| STREET ADDRESS | <i>1438 Fruit Cove Forrest Rd Jacksonville, FL 32259</i> |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-00

904-786-7755

CR2E037 (9/99)