

# 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**

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 ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-16-00**

**904-786-7755**

CR2E037 (9/99)