

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90010 008 ****61.25

DOCUMENT # N99000000455

1. Entity Name

CROSSROAD COMMUNITY CHURCH, INC.

Principal Place of Business

11561 ALEXIS FOREST DR.
 JACKSONVILLE FL 32258

Mailing Address

11561 ALEXIS FOREST DR.
 JACKSONVILLE FL 32258

2. Principal Place of Business

2955 HARTLEY RD
 Suite, Apt. #, etc.
 104 B

3. Mailing Address

2955 HARTLEY RD
 Suite, Apt. #, etc.
 104 B

City & State
 Jax FL

City & State
 Jax FL

Zip
 32257

Country
 Duval

Zip
 32257

Country
 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

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

7. Name and Address of New Registered Agent

Name **FREDDIE ROWLAND**
 Street Address (P.O. Box Number is Not Acceptable)
 10425 Russell Sampson Rd
 City **Jax** FL Zip Code **32259**

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

F. E. Rowland

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-11-01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMERON, RON 2371 CEMETARY RD. JACKSONVILLE FL 32221	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIEHM, DAVID 1046 LARKSPUR LOOP JACKSONVILLE FL 32259	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCHRONE, MIKE 1438 FRUITCOVE FOREST RD. JACKSONVILLE FL 32259	<input 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
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	Rowland Freddie 10425 Russell Sampson Rd Jax FL 32259	<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
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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-01

Date

904-260-6211

Daytime Phone #

EXT 500

CR2E037 (10/00)