

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90027 001 ****61.25

DOCUMENT # N99000005648

1. Entity Name
CROSSROADS CHURCH OF ORLANDO, INC.



Principal Place of Business
6837 LAKEVILLE ROAD
ORLANDO, FL 32818

Mailing Address
6837 LAKEVILLE ROAD
ORLANDO, FL 32818

DO NOT WRITE IN THIS SPACE



04242006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3096074

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BIRD, DOUGLAS H
1865 Cranberry Fields Way
APOPKA, FL 32712

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when re-registering)

4-25-06

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BIRD, DOUGLAS
6837 LAKEVILLE RD
ORLANDO, FL 32818

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BROCK, STAN
6837 LAKEVILLE RD
ORLANDO, FL 32818

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
BIRD, MARTIN
28 SPING HOLLW BLVD.
APOPKA, FL 32712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4-25-06

Date

407-353-2517

Daytime Phone #