

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90026 027 ****61.25

DOCUMENT # N99000005649

1. Entity Name

CROSSROADS MINISTRIES OF ORLANDO, INC.

Principal Place of Business

6837 LAKEVILLE ROAD
 ORLANDO FL 32818

Mailing Address

6837 LAKEVILLE ROAD
 ORLANDO FL 32818

904074



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3096074

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BIRD, DOUGLAS H
2451 CATNEVILLE TRAIL
APOPKA FL 32712
6837 Lakeville Rd.
Orlando, FL. 32818

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
BIRD, DOUGLAS N
2451 CANTUSLANT TRAIL
APOPKA FL 32712 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
6837 Lakeville Rd.
Orlando, FL. 32818 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VPD
BROCK, STAN
PO BOX 457
CLACOKA FL 32710 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
6837 Lakeville Rd.
Orlando, FL. 32818 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
STD
BIRD, MARTIN
28 SPRING HOLLOW BLVD
APOPKA FL 32712 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
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☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2001 407.880.9226

Date

Daytime Phone #

CR2E037 (10/00)