

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000005649

1. Entity Name
CROSSROADS MINISTRIES OF ORLANDO, INC.



Principal Place of Business

320 E. WELCH RD
APOPKA, FL 32712

Mailing Address

320 E. WELCH RD
APOPKA, FL 32712

DO NOT WRITE IN THIS SPACE



01232008 No Chg-NP

CR2E037 (4/06)

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
320 E. WELCH RD
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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BIRD, DOUGLAS N
STREET ADDRESS 1865 CRANBERRY ISLES WAY
CITY-ST-ZIP APOPKA, FL 32712

TITLE VPD
NAME BROCK, STAN
STREET ADDRESS 29031 SHIRLEY SHORE ROAD
CITY-ST-ZIP TAVARES, FL 32779

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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01/31/08-80014-012 61.25

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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

Douglas H. Bird

Date

1/24/08

Daytime Phone #

407-353-2517