I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

MR

## SIGNATURE: DAVID P BAKER

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0000006355

## Entity Name: CROSSROAD COMMUNITY CHURCH OF EAST ORLANDO, INC.

## **Current Principal Place of Business:**

1230 W. MCCULLOCH RD. OVIEDO, FL 32765

#### **Current Mailing Address:**

1230 W MCCULLOCH RD OVIEDO, FL 32765 US

#### FEI Number: 59-3696353

#### Name and Address of Current Registered Agent:

BAKER, DAVID P 549 HALLOWELL CIRCLE ORLANDO, FL 32828 US

SIGNATURE: Electronic Signature of Registered Agent

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.

# Officer/Director Detail :

Title	SECRETARY	Title	PASTOR, PRESIDENT
Name	NUNEZ, DAVID	Name	MALICK, WILLIAM V
Address	3709 CLEARY WAY	Address	3717 RIVERTON DR
City-State-Zip:	ORLANDO FL 32828	City-State-Zip:	ORLANDO FL 32817
<b>T</b> '(1)			
Title	MR, TREASURER, VP		
Name	BAKER, DAVID P		
Address	549 HALLOWELL CIRCLE		
City-State-Zip:	ORLANDO FL 32828		

Certificate of Status Desired: No

Certificate of Otatus Desired.

FILED Apr 11, 2013 Secretary of State CC2525400540

Date

Date

04/11/2013