## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000007659

Entity Name: CROSSROAD CHURCH, INC.

**Current Principal Place of Business:** 

10005 GATE PARKWAY NORTH JACKSONVILLE, FL 32246

**Current Mailing Address:** 

10005 GATE PARKWAY NORTH JACKSONVILLE, FL 32246 US

FEI Number: 93-2132604 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAVENER, SHARON 10005 GATE PARKWAY NORTH JACKSONVILLE, FL 32246 US

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: SHARON HAVENER 01/16/2024

> Date Electronic Signature of Registered Agent

**FILED** Jan 16, 2024

**Secretary of State** 

8720397961CC

Date

Officer/Director Detail:

Title D. TRUSTEE Title D, TRUSTEE ROBERTS, KARL Name BALLOWE, PAUL Name

10005 GATE PARKWAY NORTH Address 8304 COMPASS ROSE DRIVE S Address

City-State-Zip: JACKSONVILLE FL 32216 JACKSONVILLE FL 32246 City-State-Zip:

Title **OTHER** Title D, TRUSTEE

Name THIGPEN, R. WADE Name WYSE, JOE

Address 4981 BALLASTONE DRIVE Address 1642 5TH AVE N JACKSONVILLE FL 32257 City-State-Zip: JACKSONVILLE BEACH FL 32250

Title **DIRECTOR** 

City-State-Zip:

Name HAVENER, SHARON 4314 MCGIRTS BLVD Address

City-State-Zip: JACKSONVILLE FL 32210

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.

01/16/2024 SIGNATURE: SHARON HAVENER DIRECTOR

Electronic Signature of Signing Officer/Director Detail