

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002393

Entity Name: CROSSROADS BAPTIST CHURCH OF CENTRAL FLORIDA, INC.**Current Principal Place of Business:**414 RIDGE ROAD
FERN PARK, FL 32730**Current Mailing Address:**414 RIDGE ROAD
FERN PARK, FL 32730 US**FEI Number:** 59-3376034**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAMPBELL, S. KEVIN
414 RIDGE ROAD
FERN PARK, FL 32730 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	IRIZARRY, RUBEN
Address	414 RIDGE ROAD
City-State-Zip:	FERN PARK FL 32730

Title	PASTOR
Name	CAMPBELL, S. KEVIN
Address	414 RIDGE ROAD
City-State-Zip:	FERN PARK FL 32730

Title	TREASURER
Name	GRIGGS, STANLEY A
Address	414 RIDGE ROAD
City-State-Zip:	FERN PARK FL 32730

Title	DIRECTOR
Name	GIBSON, MICHAEL E
Address	414 RIDGE ROAD
City-State-Zip:	FERN PARK FL 32730

Title	DIRECTOR
Name	CASSIDY, JOSEPH C
Address	414 RIDGE ROAD
City-State-Zip:	FERN PARK FL 32730

Title	SECRETARY
Name	CAMPBELL, TAMARA P
Address	414 RIDGE ROAD
City-State-Zip:	FERN PARK FL 32730

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.

SIGNATURE: S. KEVIN CAMPBELL**PASTOR****04/22/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date