

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000004825

**Entity Name:** CROSSROADS BAPTIST CHURCH OF JACKSONVILLE,  
FLORIDA, INC.**Current Principal Place of Business:**12165 DUVAL ROAD  
JACKSONVILLE, FL 32218**Current Mailing Address:**12165 DUVAL ROAD  
JACKSONVILLE, FL 32218**FEI Number: 59-2073820****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RISTER, ANTHONY W  
19370 CONNER RD  
HILLIARD, FL 32046 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 DEACON, TRUSTEE

Name BROWN, GARY

Address 5816 LYSID DRIVE

City-State-Zip: JACKSONVILLE FL 32209

Title DEACON, TRUSTEE

Name SAFFER, ALBERT T

Address 2244 ARMSDALE ROAD

City-State-Zip: JACKSONVILLE FL 32218

Title CEO

Name RISTER, ANTHONY WAYNE

Address 19370 CONNER RD

City-State-Zip: HILLIARD FL 32046

Title DEACON, TRUSTEE

Name ATKINS, DREW

Address 3200 JANE LANE

City-State-Zip: HILLIARD FL 32046

Title DEACON, TRUSTEE

Name CLARK, TIM

Address 14701 BARTRAM PARK BLVD UNIT  
1403

City-State-Zip: JACKSONVILLE FL 32258

Title TREASURER

Name HOGAN, TODD WAYNE

Address 8011 HOGAN COVE DR

City-State-Zip: JACKSONVILLE FL 32221

*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: ANTHONY W. RISTER****CEO / PASTOR****01/06/2022**

Electronic Signature of Signing Officer/Director Detail

Date