


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000001192	
1. Entity Name CROSS INTERNATIONAL AID, INC.	

Principal Place of Business 370 W. CAMINO GARDENS BLVD. BOCA RATON, FL 33432	Mailing Address 370 W. CAMINO GARDENS BLVD. BOCA RATON, FL 33432
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04192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1086387	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES- FAULI CORPORATE SERVICES, INC.
 777 S. FLAGLER DRIVE
 SUITE 500 WEST
 WEST PALM BEACH, FL 33401

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000133357
 04/27/04-80084-007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KIELAR, MARK 370 W. CAMINO GARDENS BLVD. BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAVNAR, JAMES J 370 W. CAMINO GARDENS BLVD. STE. 204 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITE, JOE DR 1353 LAKESHORE DRIVE BRANSON, MO 65615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODD, JIMMY PO BOX 850333 SHAWNEE MISSION, KS 66201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVEY, CLARENCE 230 CHERRY GROVE CANTON, MI 48188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, SAM REV PO BOX 7417 CHANCERY OFFICE ALEXANDRIA, VA 71306

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: James J. Cavnar James J. Cavnar 4/19/04 561-392-9312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #