

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003883

FILED
Jan 16, 2009
Secretary of State

Entity Name: CROSS CITY COMMUNICATIONS, INC.

Current Principal Place of Business:

192 SE 21ST AVE
CROSS CITY, FL 32628

New Principal Place of Business:

Current Mailing Address:

PO BOX 1394
CROSS CITY, FL 32628

New Mailing Address:

FEI Number: 32-0118465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUMRALL, WILLIAM TERRY
192 SE 21ST AVE
CROSS CITY, FL 32628 US

Name and Address of New 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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: MCLEOD, JEAN
Address: 1082 SW 351 HWY
City-St-Zip: CROSS CITY, FL 32628

Title: DV () Delete
Name: LOCKE, DIANA
Address: 128 SE 92ND AVENUE
City-St-Zip: CROSS CITY, FL 32628

Title: DV () Delete
Name: SUMRALL, WILLIAM TERRY
Address: 192 SE 21ST AVE
City-St-Zip: CROSS CITY, FL 32628

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM TERRY SUMRALL

DV

01/16/2009

Electronic Signature of Signing Officer or Director

Date