2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2008
Secretary of State

DOCUMENT# N01000008387

Entity Name: CROSS INTERNATIONAL CATHOLIC OUTREACH, INC.

Current Principal Place of Business:

370 W. CAMINO GARDENS BLVD.
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

370 W. CAMINO GARDENS BLVD.
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-1156061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GY CORPORATE SERVICES INC.
777 SOUTH FLAGLER DR. SUITE 500 EAST
WEST PALM BEACH, FL 33401 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:	CD	( ) Delete
Name:	JACOBS, SAM REV	
Address:	2777 HWY 311, PO BOX 505	
City-St-Zip:	SCHRIEVER, LA 70395	
Title:	PD	( ) Delete
Name:	CAVNAR, JAMES J	
Address:	370 W CAMINO GARDENS BLVD.	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	D	( ) Delete
Name:	COTE, MICHAEL R	
Address:	291 BROADWAY	
City-St-Zip:	NORWICH, CT 06360	
Title:	D	( ) Delete
Name:	DORSEY, NORBERT M BISHOP	
Address:	50 E ROBINSON ST	
City-St-Zip:	ORLANDO, FL 32801	
Title:	D	( ) Delete
Name:	SEVILLA, CARLOS	
Address:	5301-A TIETON DR	
City-St-Zip:	YAKIMA, WA 93908	
Title:	D	( ) Delete
Name:	SLATTERY, EDWARD	
Address:	12300 E 91 ST, POB 690240	
City-St-Zip:	S. BROKEN ARROW, OK 74012	

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:		
Title:	D	(X) Change ( ) Addition
Name:	KOONTZ, LINDA SISTER	
Address:	8900 VISCOUNT ST. PMB 260	
City-St-Zip:	EL PASO, TX 06360	
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: JAMES J CAVNAR PD 07/03/2008

Electronic Signature of Signing Officer or Director — Date