

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008387

FILED
Jan 16, 2009
Secretary of State

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 ()

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: KOONTZ, LINDA SISTER
Address: 8900 VISCOUNT ST. PMB 260
City-St-Zip: EL PASO, TX 06360

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: () 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: JAMES J CAVNAR

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date