


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000009577
 1. Entity Name
 CROSSROADS FAMILY FELLOWSHIP, INC.



Principal Place of Business Mailing Address
 16833 ALPHA AVE 16833 ALPHA AVE
 MONTVERDE, FL 34756 MONTVERDE, FL 34756



01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 68-0533250 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, BRENDA H
 59 N CENTRAL AVE
 UMATILLA, FL 32784

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

| | |
|-----------------|-------------------------|
| TITLE | PD |
| NAME | WATSON, JAMES H |
| STREET ADDRESS | 16833 ALPHA AVE |
| CITY - ST - ZIP | MONTVERDE, FL 34756 |
| TITLE | VD |
| NAME | CLARK, WENDELL |
| STREET ADDRESS | 10187 CLARCONA-OCOEE RD |
| CITY - ST - ZIP | APOPKA, FL 327038705 |
| TITLE | TD |
| NAME | BOOTH, ANGELA M |
| STREET ADDRESS | 16828 OMEGA CT |
| CITY - ST - ZIP | MONTVERDE, FL 34758 |
| TITLE | SD |
| NAME | MARINO, AMY |
| STREET ADDRESS | 223 GROVE ST |
| CITY - ST - ZIP | ORLANDO, FL 32835 |
| TITLE | D |
| NAME | WATSON, LINDA J |
| STREET ADDRESS | 16833 ALPHA AVE. |
| CITY - ST - ZIP | MONTVERDE, FL 34756 |
| TITLE | D |
| NAME | KING, LARRY |
| STREET ADDRESS | 131 TRDITIONS DR. |
| CITY - ST - ZIP | WINTER GARDEN, FL 34787 |

UN0000001135
 01/09/04-80029-008 6L 25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Angela M. Booth 1-6-04 707-469-3927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #