


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000009577 1. Entity Name CROSSROADS FAMILY FELLOWSHIP, INC.	
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Principal Place of Business 16833 ALPHA AVE MONTVERDE, FL 34756	Mailing Address 16833 ALPHA AVE MONTVERDE, FL 34756
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03212007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 68-0533250	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

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

Filing Fee is \$61.25 Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATSON, JAMES H 16833 ALPHA AVE MONTVERDE, FL 34756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOOTH, ANGELA M 16828 OMEGA CT MONTVERDE, FL 34756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARINO, AMY 223 GROVE ST ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, LINDA J 16833 ALPHA AVE. MONTVERDE, FL 34756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, LARRY 131 TRDITIONS DR. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/17/07-80008-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* **Angela M. Booth** 4.409 352 2237399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #