

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 03, 2009
Secretary of State**

DOCUMENT# N02000009577

Entity Name: CROSSROADS FAMILY FELLOWSHIP, INC.

Current Principal Place of Business:

16833 ALPHA AVE
MONTVERDE, FL 34756

New Principal Place of Business:

Current Mailing Address:

16833 ALPHA AVE
MONTVERDE, FL 34756

New Mailing Address:

FEI Number: 68-0533250 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, JAMES PRES.
16833 ALPHA AVE
MONTVERDE, FL 34756 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: PD () Delete
Name: WATSON, JAMES H
Address: 16833 ALPHA AVE
City-St-Zip: MONTVERDE, FL 34756

Title: TD () Delete
Name: BOOTH, ANGELA M
Address: 16828 OMEGA CT
City-St-Zip: MONTVERDE, FL 34756

Title: SD () Delete
Name: MARINO, AMY
Address: 223 GROVE ST
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: WATSON, LINDA J
Address: 16833 ALPHA AVE.
City-St-Zip: MONTVERDE, FL 34756

Title: D () Delete
Name: KING, LARRY
Address: 131 TRDITIONS DR.
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: TINCH, CHARLES
Address: 953 GLENMEADOW DR.
City-St-Zip: WINTER GARDEN, FL 34787

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
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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: LINDA WATSON

D

04/03/2009

Electronic Signature of Signing Officer or Director

Date