

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009577

FILED
Jan 26, 2011
Secretary of State

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 (X)**

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
Name: WATSON, JAMES H
Address: 16833 ALPHA AVE
City-St-Zip: MONTVERDE, FL 34756

Title: TD
Name: BOOTH, ANGELA M
Address: 11042 ARROWTREE BLVD
City-St-Zip: CLERMONT, FL 34715

Title: SD
Name: MARINO, AMY
Address: 841 HIGH POINTE
City-St-Zip: MINNEOLA, FL 34715

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

Title: D
Name: KING, LARRY
Address: 1511 E. SPRING RIDGE CIR
City-St-Zip: WINTER GARDEN, FL 34787

Title: D
Name: DOBSON, LEE
Address: 16349 MAGNOLIA BLUFF DRIVE
City-St-Zip: MONTVERDE, FL 34756

I hereby 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 all other like empowered.

SIGNATURE: JAMES WATSON

PD

01/26/2011

Electronic Signature of Signing Officer or Director

Date