

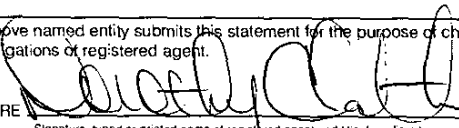
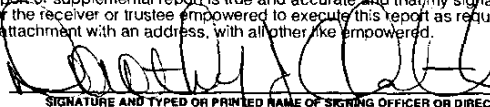


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90042 014 \*\*\*\*61.25

<b>DOCUMENT # N98000000796</b> 1. Entity Name <b>CROSSROADS CHRISTIAN MINISTRIES, INC.</b>					
Principal Place of Business <b>417 BROWN PLACE</b> <b>CRESTVIEW, FL 32539 US</b>				Mailing Address <b>417 BROWN PLACE</b> <b>CRESTVIEW, FL 32539 US</b>	
2. Principal Place of Business <b>PO Box 295</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 295</b> Suite, Apt. #, etc.			
City & State <b>CRESTVIEW, FL</b>		City & State <b>CRESTVIEW, FL</b>		4. FEI Number <b>59-3492117</b>	
Zip <b>32536</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHATTERTON, ALLEN W</b> <b>417 BROWN PLACE</b> <b>CRESTVIEW, FL 32539</b>				7. Name and Address of New Registered Agent Name <b>Chatterton, Dorothy</b> Street Address (P.O. Box Number is Not Acceptable) <b>5836 Calumet CT</b> City <b>CRESTVIEW</b> <b>FL</b> Zip Code <b>32536</b>	
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:  <b>DOROTHY CHATTERTON</b> <span style="float: right;">03/10/2004</span> <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>D</b> NAME <b>CHATTERTON, ALLEN W</b> STREET ADDRESS <b>417 BROWN PLACE</b> CITY-ST-ZIP <b>CRESTVIEW, FL 32539</b>	<input type="checkbox"/> Delete	TITLE <b>D</b> NAME <b>Chatterton, Allen</b> STREET ADDRESS <b>5836 Calumet CT</b> CITY-ST-ZIP <b>CRESTVIEW, FL 32536</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>D</b> NAME <b>CHATTERTON, DOROTHY J</b> STREET ADDRESS <b>417 BROWN PLACE</b> CITY-ST-ZIP <b>CRESTVIEW, FL 32539</b>	<input type="checkbox"/> Delete	TITLE <b>D</b> NAME <b>Chatterton, Dorothy</b> STREET ADDRESS <b>5836 Calumet CT</b> CITY-ST-ZIP <b>CRESTVIEW, FL 32536</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>D</b> NAME <b>WILLIAMS, LAURA J</b> STREET ADDRESS <b>1601 ROCHELLE STREET</b> CITY-ST-ZIP <b>MOBILE, AL 36663</b>	<input checked="" type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE <b>D</b> NAME <b>Chatterton, Scott</b> STREET ADDRESS <b>5836 Calumet CT</b> CITY-ST-ZIP <b>CRESTVIEW, FL 32536</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  <b>DOROTHY CHATTERTON</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				03/10/2004 850 403 091 <small>Date Daytime Phone</small>	