

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001192

**Entity Name:** CROSS INTERNATIONAL, INC.**Current Principal Place of Business:**600 SW 3 STREET, SUITE 2201  
POMPANO BEACH, FL 33060**Current Mailing Address:**C/O CHARLES H. NAVE, P.C.  
316 MOUNTAIN AVENUE SW  
ROANOKE, VA 24016 US**FEI Number:** 65-1086387**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
600 SW 3RD STREET, SUITE 2201  
POMPANO BEACH, FL 33060 US*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:** CHARLES NAVE

02/09/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name WHITE, JOE DR  
Address 600 SW 3 ST STE 2201  
City-State-Zip: POMPANO BEACH FL 33060

Title CHAIRMAN  
Name DODD, REV. JIMMY  
Address PO BOX 850333  
City-State-Zip: SHAWNEE MISSION KS 66201

Title REGISTRATION COUNSEL  
Name NAVE, CHARLES  
Address C/O CHARLES H. NAVE, P.C.  
316 MOUNTAIN AVENUE SW  
City-State-Zip: ROANOKE VA 24016

Title DIRECTOR  
Name WALTON, WILL  
Address 600 SW 3 STREET, SUITE 2201  
City-State-Zip: POMPANO BEACH FL 33060

Title PRESIDENT  
Name MILLER, KELLY  
Address 600 SW 3RD STREET, STE. 2201  
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR  
Name BORNE, DARRELL  
Address 600 SW 3RD STREET, STE. 2201  
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR  
Name EISSEY, MICHAEL  
Address 600 SW 3RD STREET, STE. 2201  
City-State-Zip: POMPANO BEACH FL 33060

Title DIRECTOR  
Name MONTONEY, MARK  
Address 600 SW 3RD STREET, STE. 2201  
City-State-Zip: POMPANO BEACH FL 33060

**Continues on page 2**

*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:** KELLY MILLER

PRESIDENT

02/09/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                 WADE, CEDRIC  
Address               600 SW 3RD STREET, STE. 2201  
City-State-Zip:     POMPANO BEACH FL 33060

Title                 OTHER  
Name                 FERNANDEZ, CARMEN  
Address               600 SW 3 STREET, SUITE 2201  
City-State-Zip:     POMPANO BEACH FL 33060

Title                 CFO  
Name                 FOSTER-BRANCH , LENORA  
Address               600 SW 3 STREET, SUITE 2201  
City-State-Zip:     POMPANO BEACH FL 33060