

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009577

Entity Name: CROSSROADS FAMILY FELLOWSHIP, INC.

Current Principal Place of Business:

16833 ALPHA AVE
MONTVERDE, FL 34756

Current Mailing Address:

16833 ALPHA AVE
MONTVERDE, FL 34756

FEI Number: 68-0533250

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WATSON, JAMES PRES.
16833 ALPHA AVE
MONTVERDE, FL 34756 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

Title D
Name DOBSON, LEE
Address 16349 MAGNOLIA BLUFF DRIVE
City-State-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: LINDA WATSON

ASSOC PASTOR

01/29/2013

Electronic Signature of Signing Officer/Director Detail

Date