

**2015 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**

**02/03/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date