Entity Name: THE CROSS FUND FL CORPORATION

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

4350 WESTMONT DR CHARLOTTE, NC 28217

Current Mailing Address:

DOCUMENT# F22000003179

4350 WESTMONT DR CHARLOTTE, NC 28217 US

FEI Number: 41-0692230

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC. 801 US HWY 1 NORTH PALM BCH, FL 33408 US FILED Feb 05, 2024

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	Р	Title	VC	
Name	GRAHAM, FRANKLIN	Name	GRAHAM, WILL	
Address	PO BOX 3000	Address	1 PORTERS COVE RD	
City-State	-Zip: BOONE NC 28607	City-State-Zip:	ASHEVILLE NC 28815	
Title	CEC	Title	SEC	
Name	GRAHAM, MELVIN	Name	ALLEN, DANIEL	
Address	3550 GOVERNOR'S LANE	Address	1 BILLY GRAHAM PKWY	
City-State	-Zip: CHARLOTTE NC 28211	City-State-Zip:	CHARLOTTE NC 28201	
Title	т	Title	ASST T	
Name	PAULS, WILLIAM	Name	HODGES, THOMAS	
Address	100 SAINT PAUL SREET	Address	1443 ENCORE LANE	
City-State-Zip	-Zip: DENVER CO 80206	City-State-Zip:	WAXHAW NC 28173	
City-State	-ZIP. DERVER CO 80206	Title	DIRECTOR	
Title	DIRECTOR	Name	GRAHAM, ROY	
NameBRUCE, DAVIDAddressPO BOX 937	Address	1 BILLY GRAHAM PARKWAY		
	PO BOX 937	City-State-Zip:	-	
City-State	-Zip: MONTREAT NC 28757			
		Continuos	n nago 2	

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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: DANIEL C. ALLEN

SECRETARY

02/05/2024

Date

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	HARRISON, FRANK	Name	LAURIE, GREG
Address	PO BOX 31487	Address	6115 ARLINGTON AVENUE
City-State-Zip:	CHARLOTTE NC 28231	City-State-Zip:	RIVERSIDE CA 92504
Title	DIRECTOR	Title	DIRECTOR
Name	PAULS, BRIAN	Name	SABER, PAUL
Address	100 SAINT PAUL SREET SUITE 300	Address	2211 ENCINITAS BOULEVARD SUITE 100
City-State-Zip:	DENVER CO 80206	City-State-Zip:	ENCINITAS CA 92024
Title	DIRECTOR	Title	DIRECTOR
Name	WILTON, DONALD	Name	WILLIAMS, RICHARD
Address	228 BENT OAK WAY	Address	14114 TIMBERGREEN DRIVE
City-State-Zip:	SPARTANBURG SC 29031	City-State-Zip:	HUNTERSVILLE NC 28078

Title	DIRECTOR
Name	CHEATHAM, MICHAEL
Address	1019 RIDGECREST ROAD
City-State-Zip:	ORLANDO FL 32806