

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748826

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** THE PREACHING OF THE CROSS, INC.

**Current Principal Place of Business:**

701 WOODLEY AVE.  
EDGEWATER, FL 32132

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 866  
EDGEWATER, FL 321321707

**New Mailing Address:**

**FEI Number:** 59-1977709

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STRYDOM, DESMOND  
2428 KUMGUAT DR.  
EDGEWATER, FL 32141 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FUHRMANN, TODD  
Address: 117 WILKINSON AVE  
City-St-Zip: EDGEWATER, FL 32132

Title: V ( ) Delete  
Name: PORTA, SCOTT  
Address: 708 W. PARK AVE, UNIT D  
City-St-Zip: EDGEWATER, FL 32132

Title: D ( ) Delete  
Name: FUHRMANN, TAMARA  
Address: 117 WILKINSON AVE  
City-St-Zip: EDGEWATER, FL 32132

Title: T ( ) Delete  
Name: PORTA, JENNIFER  
Address: 708 W. PARK AVE, UNIT D  
City-St-Zip: EDGEWATER, FL 32132

Title: S ( ) Delete  
Name: JONES, CAREN  
Address: 2620 PINE TREE DR  
City-St-Zip: EDGEWATER, FL 32141

Title: D ( ) Delete  
Name: FISHER, CAROL  
Address: 705 SOUTH BEACH STREET  
City-St-Zip: DAYTONA BEACH, FL 32114

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: PORTA, SCOTT  
Address: 341 SKYWAY DR.  
City-St-Zip: EDGEWATER, FL 32132

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: PORTA, JENNIFER  
Address: 341 SKYWAY DR.  
City-St-Zip: EDGEWATER, FL 32132

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JENNIFER PORTA

T

04/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date