
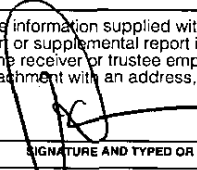


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90017 012 ****61.25

DOCUMENT # N00000001628 1. Entity Name CROSS STEWARDSHIP MINISTRIES, INC.					
Principal Place of Business 801 S FEDERAL HWY HOLLYWOOD, FL 33020-5437			Mailing Address 801 S FEDERAL HWY HOLLYWOOD, FL 33020-5437		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0994605	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CROSS, R. KEVIN 801 S FEDERAL HWY HOLLYWOOD, FL 33020			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROSS, R. KEVIN		NAME		
STREET ADDRESS	1510 WASHINGTON ST.		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANIELSON, STEVEN		NAME		
STREET ADDRESS	3812 GRANT ST.		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEYER, DEBRA A		NAME		
STREET ADDRESS	8621 SW 15 ST		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33025		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	VPD	
STREET ADDRESS			STREET ADDRESS	JODD GOMES	
CITY-ST-ZIP			CITY-ST-ZIP	1675 NW 4th #618	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	SD	
STREET ADDRESS			STREET ADDRESS	Tonya Beck	
CITY-ST-ZIP			CITY-ST-ZIP	6051 Palm Trace Drive Apt. 303	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D	
STREET ADDRESS			STREET ADDRESS	Tom White	
CITY-ST-ZIP			CITY-ST-ZIP	21 Moriah Lane	
			Asheville NC 28803		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  R. Kevin Cross, Inc. 2/10/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

44011183



02092004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0994605

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CROSS, R. KEVIN
801 S FEDERAL HWY
HOLLYWOOD, FL 33020**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CROSS, R. KEVIN
STREET ADDRESS 1510 WASHINGTON ST.
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE VPD ☒ Delete
NAME DANIELSON, STEVEN
STREET ADDRESS 3812 GRANT ST.
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE STD ☐ Delete
NAME HEYER, DEBRA A
STREET ADDRESS 8621 SW 15 ST
CITY-ST-ZIP PEMBROKE PINES, FL 33025

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Change ☒ Addition
NAME JODD GOMES
STREET ADDRESS 1675 NW 4th #618
CITY-ST-ZIP Boca Raton FL 33432

TITLE SD ☐ Change ☒ Addition
NAME Tonya Beck
STREET ADDRESS 6051 Palm Trace Drive Apt. 303
CITY-ST-ZIP Davie FL 33314

TITLE D ☐ Change ☒ Addition
NAME Tom White
STREET ADDRESS 21 Moriah Lane
CITY-ST-ZIP Asheville NC 28803

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #