

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001628

FILED
Jan 23, 2007
Secretary of State

Entity Name: CROSS STEWARDSHIP MINISTRIES, INC.

Current Principal Place of Business:

801 S FEDERAL HWY
HOLLYWOOD, FL 330205437

New Principal Place of Business:

801 THREE ISLANDS BLVD
216
HALLANDALE BEACH, FL 33009

Current Mailing Address:

801 S FEDERAL HWY
HOLLYWOOD, FL 330205437

New Mailing Address:

801 THREE ISLANDS BLVD
216
HALLANDALE BEACH, FL 33009

FEI Number: 65-0994605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CROSS, R. KEVIN
801 THREE ISLANDS BLVD
216
HALLANDALE, FL 33009 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:

01/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CROSS, R. KEVIN
Address: 1510 WASHINGTON ST.
City-St-Zip: HOLLYWOOD, FL 33020

Title: VPD () Delete
Name: GAMES, JOAO
Address: 5544 PAGEANT PLACE
City-St-Zip: MARGATE, FL 33063

Title: TD () Delete
Name: GOMES, LEIZA
Address: 5544 PAGEANT PLACE
City-St-Zip: MARGATE, FL 33063

Title: SD () Delete
Name: SAXE, MARITZA
Address: 2650 HAYES STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: WHITE, TOM
Address: 21 MORIAH LANE
City-St-Zip: ASHEVILLE, NC 28803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CROSS, R. KEVIN
Address: 801 THREE ISLANDS BLVD APT 216
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: VPD (X) Change () Addition
Name: CROSS, STEPHANIE
Address: 801 THREE ISLANDS BLVD APT 216
City-St-Zip: HALLANDALE BEACH, FL 33063

Title: TD (X) Change () Addition
Name: GOMES, JOAO
Address: 5444 PANGANT PL
City-St-Zip: MARGATE, FL 33063

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

Title: D (X) Change () Addition
Name: WHITE, TOM
Address: 21 MORIAH LN
City-St-Zip: ASHEVILLE, NC 33009

I hereby certify that the information supplied with this filing does not qualify for the 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: R. KEVIN CROSS

PD

01/23/2007

Electronic Signature of Signing Officer or Director

Date