

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001628

FILED  
Feb 20, 2008  
Secretary of State

Entity Name: CROSS STEWARDSHIP MINISTRIES, INC.

## Current Principal Place of Business:

801 THREE ISLANDS BLVD  
216  
HALLANDALE BEACH, FL 33009

## New Principal Place of Business:

## Current Mailing Address:

801 THREE ISLANDS BLVD  
216  
HALLANDALE BEACH, FL 33009

## New Mailing Address:

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

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: WHITE, STEVEN T  
Address: 1028 TYLER STREET  
City-St-Zip: HOLLYWOOD, FL 33019

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

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: R. KEVIN CROSS

PRES

02/20/2008

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

\_\_\_\_\_  
Date