

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

02-27-2004 90015 050 ***141.29
N01000003192

DOCUMENT # N01000003192

1. Entity Name

Crossing Over Ministries Inc.

ADM
DIS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 17 AM 8:00

DO NOT WRITE IN THIS SPACE

REINSTATEMENT

02-04

DO NOT WRITE IN THIS SPACE

MRS

2. Principal Place of Business

2620 Adamson Ct

Suite, Apt. #, etc.

(Physical Address)

City & State

Lake Alfred, FL 33868

Zip 33868

Country

Polk

3. Mailing Address

2620 Adamson Ct

Suite, Apt. #, etc.

City & State

Polk City, FL 33868

Zip 33868

Country

Polk

4. FEI Number

59-3725051

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name CLARA BENNETT MILLER

Street Address (P.O. Box Number is Not Acceptable)

2620 Adamson Ct

Polk City

City Polk City

FL

Zip Code 33868

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust/Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PRESIDENT
CLARA BENNETT MILLER
2620 ADAMSON CT
POLK CITY, FL 33868

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
900043496519
12/17/04--01066--009 **51.21

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VICE PRESIDENT
WILLIE MAC CLANTON
132 CARVER ST
WAXFLY, FL 33877

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
SECOND VICE PRESIDENT/PARLIAMENTARIAN
PATRICIA NEALY
109 5TH STREET JPY
WINTER HAVEN, FL 33880

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
JOANNE MICHAEL, SECRETARY
309 GEORGE ROAD
LAKE ALFRED, FL 33850

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
STELLA PANTON, TREASURER
132 CARVER ST
WAXFLY, FL 33877

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CLARA BENNETT MILLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/17/04 (863) 956-1838

Daytime Phone #

CR2E037B (12/01)