

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003192

FILED  
Jan 16, 2008  
Secretary of State

**Entity Name:** CROSSING OVER MINISTRIES OF POLK COUNTY, INC.

**Current Principal Place of Business:**

1401 5TH STREET NE  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

1401 5TH STREET NE  
WINTER HAVEN, FL 33881

**New Mailing Address:**

**FEI Number:** 59-3725051

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLER, CLARA BENNETT  
1401 5TH ST. NE  
WINTER HAVEN, FL 33881 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: MILLER, CLARA BENNETT  
Address: 1401 5TH ST. NE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP ( ) Delete  
Name: GLANTON, WILLIE MAE  
Address: 132 CARVER ST  
City-St-Zip: WAVERLY, FL 33877

Title: 2VP ( ) Delete  
Name: NEALY, PATRICIA  
Address: 109 5TH STREET JPV  
City-St-Zip: WINTER HAVEN, FL 33880

Title: S ( ) Delete  
Name: ROAD, JOANNE MICKEAL  
Address: 390 GEORGE RD  
City-St-Zip: LAKE ALFRED, FL 33850

Title: T ( ) Delete  
Name: PANTON, STELLA  
Address: 132 CARVER ST  
City-St-Zip: WAVERLY, FL 33877

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

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

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

Title: 2VP (X) Change ( ) Addition  
Name: THOMAS, MILLISA SHARLEN  
Address: 303 N BRUNELL PKWY  
City-St-Zip: LAKELAND, FL 33815

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: CLARA BENNETT MILLER

P

01/16/2008

Electronic Signature of Signing Officer or Director

Date