

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004993

Entity Name: CROSS WALK LIFE, INC.

FILED
May 03, 2004
Secretary of State

Current Principal Place of Business:

270 EAST SEMINOLE AVENUE
MONTICELLO, FL 32344

New Principal Place of Business:

304 HAPPY HOLLOW ROAD
FREEPORT, FL 32439

Current Mailing Address:

304 HAPPY HALLOW ROAD
FREEPORT, FL 32439

New Mailing Address:

FEI Number: 59-3731836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALDMANN, CARLOTTA P
304 HAPPY HOLLOW ROAD
FREEPORT, FL 32439 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: PSTD () Delete
Name: WALDMANN, CARLOTTA P
Address: 304 HAPPY HOLLOW ROAD
City-St-Zip: FREEPORT, FL 32439

Title: VD () Delete
Name: WALDMANN, LOUIS F III
Address: 304 HAPPY HOLLOW ROAD
City-St-Zip: FREEPORT, FL 32439

Title: D (X) Delete
Name: SMITH, DONNA E
Address: 1215 PALM AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: MORRIS, CHERI PASTOR
Address: 12995 SPRING WARRIOR ROAD
City-St-Zip: PERRY, FL 32348

Title: D () Delete
Name: MORRIS, MARCUS D PASTOR
Address: 12995 SPRING WARRIOR ROAD
City-St-Zip: PERRY, FL 32348

Title: D () Delete
Name: MACK, GENEVIEVE E
Address: 43 GLORIA PLACE
City-St-Zip: FREEPORT, FL 32439

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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 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: CARLOTTA P. WALDMANN

PSTD

05/03/2004

Electronic Signature of Signing Officer or Director

Date