

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 30, 2005  
Secretary of State

DOCUMENT# N01000004993

Entity Name: CROSS WALK LIFE, INC.

**Current Principal Place of Business:**

304 HAPPY HOLLOW ROAD  
FREEPORT, FL 32439

**New Principal Place of Business:**

**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 ( ) 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  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MACK, GENEVIEVE E  
Address: 2849 LAUREL PARK HIGHWAY  
City-St-Zip: HENDERSONVILLE, NC 28739

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

04/30/2005

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

\_\_\_\_\_  
Date