

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 22, 2007
Secretary of State**

DOCUMENT# N02000000621

Entity Name: CROSSROADS CHRISTIAN FELLOWSHIP, INC.

Current Principal Place of Business:

10205 US 1
SEBASTIAN, FL 32958

New Principal Place of Business:

Current Mailing Address:

10205 US 1
SEBASTIAN, FL 32958

New Mailing Address:

FEI Number: 75-3086132 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYLE, MICHAEL E
8075 95TH CT.
VERO BEACH, FL 32967 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: TP () Delete
Name: LYLE, MICHAEL E
Address: 8075 95TH CT.
City-St-Zip: VERO BEACH, FL 32967

Title: TV () Delete
Name: GHERKE, RONALD
Address: 101 INDIAN AVE
City-St-Zip: SEBASTIAN, FL 32958

Title: TST () Delete
Name: SHAGEN, CAROL
Address: P.O. BOX 3553
City-St-Zip: VERO BEACH, FL 32964

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL E LYLE

TP

01/22/2007

Electronic Signature of Signing Officer or Director

_____ Date