

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000621

FILED  
Feb 20, 2009  
Secretary of State

**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 (X)**

**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: 7835 105TH CT.  
City-St-Zip: VERO BEACH, FL 32967

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: TV      (X) Change ( ) Addition  
Name: ROMAN, ALVARO  
Address: 1549 QUIESENT LANE  
City-St-Zip: SEBASTIAN, FL 32958

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: MICHAEL E. LYLE

TP

02/20/2009

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

\_\_\_\_\_  
Date