

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003973

FILED
Apr 26, 2007
Secretary of State

Entity Name: CROSS ROAD MINISTRY AFFILIATED, INCORPORATED

Current Principal Place of Business:

18541 N.W. 8TH ROAD
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

18541 N.W. 8TH ROAD
MIAMI, FL 33169

New Mailing Address:

FEI Number: 74-3049796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, BERNARD
18541 N.W. 8TH ROAD
MIAMI, FL 33169 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: PD () Delete
Name: ANDERSON, BERNARD
Address: 18541 N.W. 8TH ROAD
City-St-Zip: MIAMI, FL 33169

Title: VP () Delete
Name: REESE, DOUGLAS
Address: 18541 N.W. 8TH ROAD
City-St-Zip: MIAMI, FL 33169

Title: T () Delete
Name: CONEY, BEN
Address: 18541 N.W. 8TH ROAD
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: ELLIS, HERBERT
Address: 18541 N.W. 8TH ROAD
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: COOPER, WINDA
Address: 18541 N.W. 8TH ROAD
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: ANDERSON, BERNASHA M
Address: 18541 N.W. 8TH ROAD
City-St-Zip: MIAMI, FL 33169

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: () 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: BERNARD ANDERSON

PD

04/26/2007

Electronic Signature of Signing Officer or Director

Date