

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004917

FILED
Apr 24, 2007
Secretary of State

Entity Name: CROSSBEARER MINISTRIES, INC.

Current Principal Place of Business:

37 SARGENT ST.
HAINES CITY, FL 33844

New Principal Place of Business:

192 GLEN ESTE BLVD
HAINES CITY, FL 33844

Current Mailing Address:

37 SARGENT ST.
HAINES CITY, FL 33844

New Mailing Address:

192 GLEN ESTE BLVD
HAINES CITY, FL 33844

FEI Number: 30-0100395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STROHMAIER, WALTER R REV.
37 SARGENT ST.
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

STROHMAIER, WALTER R REV.
192 GLEN ESTE BLVD
HAINES CITY, FL 33844 US

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:

04/24/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STROHMAIER, WALTER R REV.
Address: 37 SARGENT ST.
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: STROHMAIER, CATHERINE S
Address: 37 SARGENT ST.
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: STINE, AL
Address: 1301 POLK CITY RD LOT 12
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: STINE, EVELYN
Address: 1301 POLK CITY RD LOT 12
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: CRILLO, SOPHIE
Address: 39610 HIGHWAY 27 #13
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STROHMAIER, WALTER R REV.
Address: 192 GLEN ESTE BLVD
City-St-Zip: HAINES CITY, FL 33844

Title: D (X) Change () Addition
Name: STROHMAIER, CATHERINE S
Address: 192 GLEN ESTE BLVD
City-St-Zip: HAINES CITY, FL 33844

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: REV. WALTER R. STROHMAIER

D

04/24/2007

Electronic Signature of Signing Officer or Director

Date