# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 09, 2012**
**Secretary of State**

DOCUMENT# N02000004917

**Entity Name:** CROSSBEARER MINISTRIES, INC.

**Current Principal Place of Business:**

192 GLEN ESTE BLVD
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

192 GLEN ESTE BLVD
HAINES CITY, FL 33844

**New Mailing Address:**

**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.
192 GLEN ESTE BLVD
HAINES CITY, FL 33844 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: D
Name: STROHMAIER, WALTER R REV.
Address: 192 GLEN ESTE BLVD
City-St-Zip: HAINES CITY, FL 33844

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

Title: D
Name: BURKE, PETER
Address: 403 LA COSTA
City-St-Zip: DAVENPORT, FL 33837

Title: D
Name: GRILLO, SOPHIE
Address: 401 EL DORADO
City-St-Zip: DAVENPORT, FL 33837

Title: D
Name: DIMARCANTONIO, AL
Address: 401 EL DORADO
City-St-Zip: DAVENPORT, FL 33837

I hereby 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 all other like empowered.

SIGNATURE: REV. WALTER R. STROHMAIER D 02/09/2012

Electronic Signature of Signing Officer or Director Date