

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000009577

1. Entity Name

CROSSROADS FAMILY FELLOWSHIP, INC.



Principal Place of Business

16833 ALPHA AVE
MONTVERDE, FL 34756

Mailing Address

16833 ALPHA AVE
MONTVERDE, FL 34756

DO NOT WRITE IN THIS SPACE



04272006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

68-0533250

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

5. Name and Address of Current Registered Agent

SMITH, BRENDA H
59 N CENTRAL AVE
UMATILLA, FL 32784

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WATSON, JAMES H
STREET ADDRESS	16833 ALPHA AVE
CITY-ST-ZIP	MONTVERDE, FL 34756
TITLE	TD
NAME	BOOTH, ANGELA M
STREET ADDRESS	16828 OMEGA CT
CITY-ST-ZIP	MONTVERDE, FL 34756
TITLE	SD
NAME	MARINO, AMY
STREET ADDRESS	223 GROVE ST
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	D
NAME	WATSON, LINDA J
STREET ADDRESS	16833 ALPHA AVE.
CITY-ST-ZIP	MONTVERDE, FL 34756
TITLE	D
NAME	KING, LARRY
STREET ADDRESS	131 TRDITIONS DR.
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000549684
05/13/06-80015-008 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-28-06 3522237390