2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 04, 2004 8:00 am **Secretary of State** DOCUMENT # N030000e2482* 1. Entity Name 02-04-2004 90051 049 ****61.25 CROSSBIT MINISTRIES, INC Principal Place of Business Mailing Address 4057 E. SUNFLOWER CIRCLE LABELLE FL 33935 4057 E. SUNFLOWER CIRCLE LABELLE FL 33935 2. Principal Place of Business 3. Mailing Address do. Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number HB-1581591 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHOCK, JULIA A 4057 E SUNFLOWER CIRCLE Street Address (P.O. Box Number is Not Acceptable) LABELLE FL 33935 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ್ರ≅-ಇಕ್-೭ ರಿಜ್-೭ Director & Treasurer Julia A. Shock TITLE TITLE Change NAME NAME والإنجار المحجوري HOST E SUNFIOWER Cr. STREET ADDRESS STREET ADDRESS Da, 14 32075 Labelle, FL 33935 CITY-ST-ZIP CITY-ST-ZIP Section Change ☐ Delete ■ Addition TITLE Jorita Williamson NAME NAME 140 Evans RQ. STREET ADDRESS STREET ADDRESS Labelle FL 33935 CITY-ST-ZIP CITY-ST-7IP Board Member TITLE Delete TITLE Change ☐ Addition Joch D'Shock 4057 E SUNPROWER Cr. NÄME NAME STREET ADDRESS STREET ADDRESS habelle Fr 33935 CITY-ST-ZIP CITY-ST-ZIP Boord Member Delete TITLE ☐ Change ☐ Addition TITLE Joel Williamson NAME NAME MO EVANS Rd. STREET ADDRESS STREET ADDRESS Labelle, FL 33935 CITY-ST-ZIP CITY-ST-ZIP Board Member Delete TITLE ☐ Change ☐ Addition TITLE Karen & Dwayne xiegler 2214 Hampstead &. NAME . NAME STREET ADDRESS STREET ADDRESS Letian Acres, FL 33971 CITY-ST-ZIP CITY-ST-ZIP Goorg wemper ☐ Change TITLE Delete TITLE ☐ Addition Joyce Conner 850 No. River P.Q. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Labelle FL 33935 CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Julia A. Shock

1-26-04

863-615-0709

FILED