

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005318

FILED  
Apr 20, 2005  
Secretary of State

Entity Name: CROSS BACK MINISTRIES, INC.

**Current Principal Place of Business:**

P O BOX 844  
VENICE, FL 34284

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 844  
VENICE, FL 34284

**New Mailing Address:**

FEI Number: 57-1176809      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AHLERS, SUSAN  
1750 N LAKESIDE COURT  
VENICE, FL 34293    US

**Name and Address of New Registered Agent:**

AHLERS, SUSAN  
1653 ALBINO RD  
NOKOMIS, FL 34275    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: SUSAN AHLERS      04/20/2005  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: FRENCH, TROY  
Address: 5942 REGENT RD  
City-St-Zip: VENICE, FL 342926642

Title: VD      ( ) Delete  
Name: EATON, DEBBIE  
Address: 1126 N CYPRESS PT DR  
City-St-Zip: VENICE, FL 342936642

Title: SD      ( ) Delete  
Name: BANNISTER, LINDA  
Address: 1126 N CYPRESS PT DR  
City-St-Zip: VENICE, FL 342936642

Title: TD      ( ) Delete  
Name: AHLERS, SUSAN  
Address: 1750 N LAKESIDE CT  
City-St-Zip: VENICE, FL 342936642

**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: TD      (X) Change ( ) Addition  
Name: AHLERS, SUSAN  
Address: 1653 ALBINO RD  
City-St-Zip: NOKOMIS, FL 34275

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSAN AHLERS      TD      04/20/2005  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date