

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009669

FILED
Jan 28, 2005
Secretary of State

Entity Name: CROSSWISE OUTREACH INC.

Current Principal Place of Business:

POST OFFICE BOX 913
MARIANNA, FL 32447

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 913
MARIANNA, FL 32447

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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 () Delete
Name: CALTON, DONALD R
Address: 5154 WOODGATE WAY
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: CALTON, MARY A
Address: 5154 WOODGATE WAY
City-St-Zip: MARIANNA, FL 32446

Title: R () Delete
Name: KLEISER, CHARLES
Address: 8120 ADAMS ST.
City-St-Zip: SNEADS, FL 32460

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:

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: DONALD R. CALTON

DIR.

01/28/2005

Electronic Signature of Signing Officer or Director

Date