

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90033 001 ****61.25

DOCUMENT # N03000010234

1. Entity Name



Room 47 The Cross Ministries Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1306 Sam Lane

1306 Sam Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ODESSA Florida

City & State

ODESSA Florida

Zip

33556

Country

U.S.A.

Zip

33556

Country

U.S.A.

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Leonard Fitts

Street Address (P.O. Box Number Is Not Acceptable)

1306 Sam Lane

City

ODESSA

FL

Zip Code

33556

**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

Leonard R. Fitts Pres.

4/7/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Leonard Fitts
STREET ADDRESS	1306 Sam Lane
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	Vice President
NAME	Michael Lybe
STREET ADDRESS	8075 95th Ct.
CITY-ST-ZIP	Vero Beach FL 32967
TITLE	Sec/Treasurer
NAME	PATRICIA CARUTHERS
STREET ADDRESS	Ogden Loop
CITY-ST-ZIP	ODESSA FL 33556
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Leonard R. Fitts Pres.

4/7/04

CR2E037B (12/02)