

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000683

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: CROSSROADS BY FAITH MINISTRIES, INC.

**Current Principal Place of Business:**

219 SKYWOOD DRIVE  
VALRICO, FL 33594

**New Principal Place of Business:**

**Current Mailing Address:**

1106 FREDRICK LN  
BRANDON, FL 33511

**New Mailing Address:**

FEI Number: 61-1437616

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COLE, KATHY L  
205 W DR MARTIN L KING JR BLVD  
TAMPA, FL 33603 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: CPV ( ) Delete  
Name: WILSON, THOMAS  
Address: 1106 FREDRICK LN  
City-St-Zip: BRANDON, FL 33511

Title: DES (X) Delete  
Name: JONES, LISA  
Address: 1405 GULF STREAM CIRCLE  
City-St-Zip: BRANDON, FL 33511

Title: DT (X) Delete  
Name: STRIBLING, DEMETRUIS  
Address: 2720 CEDARCREST PL  
City-St-Zip: VALRICO, FL 33594

**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 exemption stated 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 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: THOMAS WILSON

P

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date