## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 19, 2006 8:00 am Secretary of State

04-19-2006 90085 017 \*\*\*\*61.25

DOCL	IMENT #	NO400000750	



1. Entity Name CROSS TRAINING MINISTRIES, INC. 40053410 Principal Place of Business Mailing Address P.O. BOX 3017 352 N LEE ST LABELLE, FL 33935 LABELLE, FL 33975 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112006 Chg-NP CR2E037 (11/05) 4. FEI Number 20-0678929 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PITTMAN, DAVID **352 N LEE ST** Street Address (P.O. Box Number is Not Acceptable) LABELLE, FL 33935 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD TITLE ☐ Delete TITLE Change Addition NAME PITTMAN, DAVID NAME STREET ADDRESS 352 N LEE ST STREET ADDRESS CITY-ST-ZIP LABELLE, FL 33935 CITY-ST-ZIP D TITLE ☐ Delete TITLE ☐ Change ☐ Addition MORROW, HUGH NAME NAME 3342 SW HOSANNAH LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OKEECHOBEE, FL 34974 CITY-ST-ZIP n ☐ Delete TITLE □ Change ■ Addition FORBES, JAMES, DR. NAME MAME STREET ADDRESS 201 W. DEL MONTE STREET ADDRESS CITY-ST-ZIP CLEWISTON, FL 33440 CITY-ST-ZIP D TITLE ☐ Delete TITI F ☐ Change ■ Addition MILLER, COUSE NAME NAME STREET ADDRESS 227 E CRESCENT DR STREET ADDRESS CITY-ST-ZIP CLEWISTON, FL 33440 CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE SHUPE, CHRIS NAME NAME STREET ADDRESS STREET ADDRESS 4290 ASPEN BLVD SW LABELLE, FL 33935 CITY-ST-7IP CITY-ST-ZIP TSD ☐ Delete TITLE ☐ Change Addition TITLE PITTMAN, LAURA NAME NAME STREET ADDRESS STREET ADDRESS 352 N LEE ST LABELLE, FL 33935 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attackment with an address, with all other like empowered.

SIGNATURE:

GERICER OR DIRECTOR

ATTACHMENT 40053410 Additions/Changes To Officers And Directors

TITLE:

V

Addition

NAME:

Pittman, Mike

**STREET ADDRESS:** 

409 E Pasadena Ave.

CITY-ST-ZIP

Clewiston, FL 33440

TITLE:

D/C

Change

NAME: STREET ADDRESS: Pittman, James 228 E. Arcade Ave.

CITY-ST-ZIP

Clewiston, FL 33440