

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001136

FILED
Jan 16, 2009
Secretary of State

Entity Name: CROSSWAVER CHRISTIAN MINISTRY, INC.

Current Principal Place of Business:

5215 BLUEJAY DR
HOLIDAY, FL 34690

New Principal Place of Business:

Current Mailing Address:

5215 BLUEJAY DR
HOLIDAY, FL 34690

New Mailing Address:

FEI Number: 45-0534676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLES, WILLIAM RUSTY O
5215 BLUEJAY DR
HOLIDAY, FL 34690 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: BOLES, WILLIAM RUSTY O
Address: 5215 BLUEJAY DR
City-St-Zip: HOLIDAY, FL 34690

Title: D () Delete
Name: WATFORD, BRENDA
Address: 4457 DENTON RD
City-St-Zip: THOMASVILLE, NC 27360

Title: D () Delete
Name: TATE, ELIZABETH
Address: 100 TATE DR
City-St-Zip: THOMASVILLE, NC 27360

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: WILLIAM RUSTY BOLES, JR.

D

01/16/2009

Electronic Signature of Signing Officer or Director

Date