

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000001136

**FILED**  
**Jan 05, 2010**  
**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  
Name: BOLES, WILLIAM RUSTY O  
Address: 5215 BLUEJAY DR  
City-St-Zip: HOLIDAY, FL 34690

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

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

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM RUSTY O. BOLES

PRES

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date