2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2006
Secretary of State

DOCUMENT# N04000006390

Entity Name: CROSSBRIDGE CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

6610 CROOKED CREEK RD.
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

6610 CROOKED CREEK RD.
TALLAHASSEE, FL 32311

New Mailing Address:

FEI Number: 20-1308331 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HULL, DAVID
2626-B OLD BAINBRIDGE ROAD
TALLAHASSEE, FL 32303 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: PD ( ) Delete
Name: MICHAEL, MARK
Address: 1175 LILY CACHE LANE
City-St-Zip: BOLING BROOK, IL 60490

Title: D ( ) Delete
Name: JONES, TOM
Address: ONE WALKER DRIVE
City-St-Zip: JOHNSON CITY, TN 37601

Title: D ( ) Delete
Name: ANDRIANO, MICHAEL G
Address: 541 E. MITCHELL HAMMOCK ROAD
City-St-Zip: OVIEDO, FL 32675

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MICHAEL, MARK
Address: 6610 CROOKED CREEK RD
City-St-Zip: TALLAHASSEE, FL 32311

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 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: MARK MICHAEL PD 05/25/2006

Electronic Signature of Signing Officer or Director — Date