

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010977

FILED
Apr 15, 2008
Secretary of State

Entity Name: CROSS OF CALVARY MINISTRIES, INC.

Current Principal Place of Business:

2278 OXBOW RD
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

P O BOX 61871
JACKSONVILLE, FL 32236

New Mailing Address:

FEI Number: 20-2376710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANGLIN, JOHN E REV.
2278 OXBOW RD.
JACKSONVILLE, FL 32210 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: DPST () Delete
Name: ANGLIN, JOHN E REV.
Address: P O BOX 61871
City-St-Zip: JACKSONVILLE, FL 32236

Title: DVP () Delete
Name: MAYFIELD, RAYMOND E REV.
Address: 3926 BENT GRASS RD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: DSEC () Delete
Name: SCHEMER, MELVIN J REV.
Address: 8791 PINON DR.
City-St-Zip: JACKSONVILLE, FL 32221

Title: DTRS () Delete
Name: LIVINGSTON, TISH C
Address: 5834 HYDE GROVE AVE.
City-St-Zip: JACKSONVILLE, FL 32210

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:

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: J.E. ANGLIN

DPST

04/15/2008

Electronic Signature of Signing Officer or Director

Date