

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010977

FILED  
Feb 19, 2010  
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  
Name: ANGLIN, JOHN E REV.  
Address: P O BOX 61871  
City-St-Zip: JACKSONVILLE, FL 32236

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

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

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

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: JOHN E. ANGLIN

DPST

02/19/2010

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

\_\_\_\_\_  
Date