2007 NOT-FOR-PROFIT CORPORATION

FILED ANNUAL REPORT Jan 22, 2007 08:00 AM DOCUMENT # N05000002781 **Secretary of State** CROSS OF LIFE CHURCH, INC. Principal Place of Business Mailing Address 6721 -121ST AVE. UNIT C 6721 -121ST AVE. UNIT C LARGO: FL 33773 LARGO, FL 33773 01082007 No Chg-NP · CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2529931 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent TILL, BRIAN DO NOT WRITE 6721 - 121ST AVE. , UNIT C LARGO, FL 33773 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating), * , p.e. 81" 3 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2007 OFFICERS AND DIRECTORS 10. TITLE HAME TILL, BRIAN T STREET ADDRESS 6721-121ST AVE UNIT C CITY-ST-ZIP LARGO, FL 33773 U00000596319 TITLE 01/23/07-80075-009.70.nn NAME WEAVER; ERIC STREET ADDRESS 8666- MERRIMOOR BVLD E CITY-ST-ZIP SEMINOLE, FL 33777 វាវាន NAME WEGLARZ, GIGI STREET ADDRESS 5711-17TH AVE N DO NOT WRITE CITY-ST-ZIP SAINT PETERSBURG, FL 33710 IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal affect as if made under cath; that I am an officer or director of the comporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like sympowered.

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SIGNATURE:

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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE _ NAME

STREET ADDRESS CITY-ST-7P