

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006846

FILED
Feb 01, 2006
Secretary of State

Entity Name: CARRIERS OF THE CROSS MINISTRIES, INC.

Current Principal Place of Business:

129 NICHOLAS CT
KISSIMMEE, FL 34758

New Principal Place of Business:

Current Mailing Address:

129 NICHOLAS CT
KISSIMMEE, FL 34758

New Mailing Address:

FEI Number: 22-3843625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORTES, HERIBERTO
129 NICHOLAS CT
KISSIMMEE, FL 34758 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: P () Delete
Name: CORTES, HERIBERTO
Address: 129 NICHOLAS CT
City-St-Zip: KISSIMMEE, FL 34758

Title: V () Delete
Name: SMAHA, JEREMIAH
Address: 273 W MIDLAND AVE
City-St-Zip: PARAMUS, NJ 07652

Title: D () Delete
Name: BASURI, REMY
Address: 188 HAZEL STREET
City-St-Zip: CLIFTON, NJ 07011

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:

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: HERIBERTO CORTES

PRES

02/01/2006

Electronic Signature of Signing Officer or Director

Date