

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 24, 2008
Secretary of State**

DOCUMENT# N06000003160

Entity Name: CROSSROADS ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

2678 COUNTY ROAD 147, WEST
LAUREL HILL, FL 32567

New Principal Place of Business:

Current Mailing Address:

PO BOX 1336
PAXTON, FL 32538

New Mailing Address:

FEI Number: 16-1753742 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANCHORS, PATRICIA M
128 TWIN OAK DRIVE
CRESTVIEW, FL 32536 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: D () Delete
Name: ANCHORS, PATRICIA M
Address: 128 TWIN OAK DRIVE
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: THOMPSON, ROBERT
Address: 4792 HWY 90
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: HAGAN, ROGER
Address: PO BOX 215
City-St-Zip: WAUSAU, FL 32463

Title: DST () Delete
Name: CLAUSER, BONICE
Address: 7892 RED BARROW RD
City-St-Zip: BAKER, FL 32531

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: PATRICIA M. ANCHORS

DIR

01/24/2008

Electronic Signature of Signing Officer or Director

_____ Date