

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 27, 2009  
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

D

03/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date