2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2009
Secretary of State

DOCUMENT# N06000004840

Entity Name: CROSSRIDGE CHURCH OF LAKE WALES, INC.

Current Principal Place of Business:

110 E POLK AVE
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

PO BOX 434
FROSTPROOF, FL 33843

New Mailing Address:

FEI Number: 20-4355254 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRENIER, ERIC
4929 WALES STREET
LAKE WALES, FL 33859 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: GRENIER, ERIC
Address: 4929 WALES STREET
City-St-Zip: LAKE WALES, FL 33859

Title: D ( ) Delete
Name: PILLER, NANCY
Address: 135 N LAKE REEDY BLVD
City-St-Zip: FROSTPROOF, FL 33843

Title: D ( ) Delete
Name: RUDOLPH, STEVE
Address: 1188 YARNELL AVE
City-St-Zip: LAKE WALES, FL 33853

Title: D ( ) Delete
Name: GLADKOWSKI, CHESTER
Address: 1101 CEPHIA STREET
City-St-Zip: LAKE WALES, FL 33853

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: NANCY PILLER TREA 05/10/2009
Electronic Signature of Signing Officer or Director — Date