

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 10, 2007
Secretary of State**

DOCUMENT# N06000009832

Entity Name: CHRIST ACROSS AMERICA MINISTRIES, INC.

Current Principal Place of Business:

10640 N 56TH ST
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

Current Mailing Address:

10640 N 56TH ST
TEMPLE TERRACE, FL 33617

New Mailing Address:

FEI Number: 20-5523762 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURRAN K PORTO, P.A.
9270 BAY PLAZA BLVD
SUITE 618
TAMPA, FL 33619 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: ELLIS, JEFFREY B
Address: 10640 N 56TH ST
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D () Delete
Name: RODRIGUEZ, IRAN E
Address: 10640 N 56TH ST
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D () Delete
Name: LUCIER, JAMES D
Address: 10640 N 56TH ST
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D () Delete
Name: CAGNINA, FRANK
Address: 10640 N 56TH ST
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D () Delete
Name: HUGHES, CHRISTOPHER J
Address: 10640 N 56TH ST
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D () Delete
Name: FLORENCE, STEVEN A
Address: 10640 N 56TH ST
City-St-Zip: TEMPLE TERRACE, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RUBY, JEFFREY S
Address: 10640 N 56TH ST
City-St-Zip: TEMPLE TERRACE, FL 33617

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: D (X) Change () Addition
Name: RODRIGUEZ, IRAN E
Address: 10640 N 56TH ST
City-St-Zip: TEMPLE TERRACE, FL 33617

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: J BOE ELLIS

D

02/10/2007

Electronic Signature of Signing Officer or Director

Date