

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000620

FILED  
Apr 18, 2008  
Secretary of State

Entity Name: CROSSBRIDGE FELLOWSHIP, INC.

## Current Principal Place of Business:

1996 INDIGO ST.  
NAVARRE, FL 32566

## New Principal Place of Business:

7071 SNUG WATERS ROAD  
NAVARRE, FL 32566

## Current Mailing Address:

1996 INDIGO ST.  
NAVARRE, FL 32566

## New Mailing Address:

P.O. BOX 5373  
NAVARRE, FL 32566

FEI Number: 20-8191562

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAMEY, D. TAD  
1996 INDIGO ST.  
NAVARRE, FL 32566 US

## Name and Address of New Registered Agent:

RAMEY, D. TAD  
7071 SNUG WATERS ROAD  
NAVARRE, FL 32566 US

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:

04/18/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: RAMEY, D. TAD  
Address: 1996 INDIGO ST.  
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete  
Name: RENDELL, BRIAN  
Address: 7457 FRANKFURT ST.  
City-St-Zip: NAVARRE, FL 32566

Title: D (X) Delete  
Name: PANNKUK, E.B.  
Address: 7071 SNUG WATERS RD.  
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete  
Name: CRAWFORD, HEATH  
Address: 1258 COLLEGE PARKWAY, APT. A  
City-St-Zip: GULF BREEZE, FL 32563

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: RAMEY, D. TAD  
Address: 7071 SNUG WATERS ROAD  
City-St-Zip: NAVARRE, FL 32566

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

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

Title: D (X) Change ( ) Addition  
Name: CRAWFORD, HEATH  
Address: 3236 FERNWOOD DRIVE  
City-St-Zip: GULF BREEZE, FL 32563

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: D TAD RAMEY

D

04/18/2008

Electronic Signature of Signing Officer or Director

Date