2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000620

CRAWFORD, HEATH

3236 FERNWOOD DRIVE

GULF BREEZE, FL 32563

Name: Address:

City-St-Zip:

FILED Jan 29, 2009 Secretary of State

Entity Name: CROSSBRIDGE FELLOWSHIP, INC. **Current Principal Place of Business: New Principal Place of Business:** 7071 SNUG WATERS ROAD NAVARRE, FL 32566 **Current Mailing Address: 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: Name and Address of New Registered Agent: RAMEY, D. TAD 7071 SNUG WATERS ROAD NAVARRE, FL 32566 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete RAMEY, D. TAD Name: Name: Address: 7071 SNUG WATERS ROAD Address: City-St-Zip: NAVARRE, FL 32566 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: RENDELL, BRIAN Name: LUMPKIN, DOUG Address: 7457 FRANKFURT ST. Address: 1905 CANDLEWOOD DRIVE City-St-Zip: NAVARRE, FL 32566 City-St-Zip: NAVARRE, FL 32566 Title: () Delete Title: (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

CRAWFORD, HEATH

GULF BREEZE, FL 32563

6507 FLAGLER DR.

SIGNATURE: D. TAD RAMEY RA 01/29/2009