2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# N07000005489

Entity Name: CROSSROADS FELLOWSHIP OF MARIANNA, INC

Current Principal Place of Business:

4376 LAFAYETTE ST
SUITE D
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

PO BOX 6308
MARIANNA, FL 32447

New Mailing Address:

FEI Number: 20-3759795 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLOVER, KRYSTAL L
1658 GULF POWER RD
SNEADS, FL 32460 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: P ( ) Delete
Name: GLOVER, SHEILA H
Address: 1658 GULF POWER RD
City-St-Zip: SNEADS, FL 32460

Title: VP ( ) Delete
Name: GLOVER, JACK G
Address: PO BOX 632
City-St-Zip: MARIANNA, FL 32447

Title: S ( ) Delete
Name: GLOVER, KRYSTAL L
Address: 1658 GULF POWER RD
City-St-Zip: SNEADS, FL 32460

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:

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: KRYSTAL L GLOVER S 04/25/2008

Electronic Signature of Signing Officer or Director — Date