2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 05, 2008 8:00 am Secretary of State DOCUMENT # N07000008178 05-05-2008 90239 031 ****61.25 CROSSROADS WORLDWIDE MINISTRIES, INC. Principal Place of Business Mailing Address 4308 SHIPP COURT LAKELAND FL 33813 4308 SHIPP COURT LAKELAND FL 33813 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 26-0760466 Not Applicable Zip Country ZiD Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERTS, DANIEL Street Address (P.O. Box Number is Not Acceptable) 4308 SHIPP COURT LAKELAND FL 33813. Zip Code 8. 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE Delete ☐ Change Addition ROBERTS, DANIEL NAME NAME 4308 SHIPP COURT STREET ADDRESS STREET ADDRESS LAKELAND FL 33813 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ROBERTS, FONDA NAME NAME 4308 SHIPP COURT STREET ADDRESS STREET ADDRESS LAKELAND FL 33813 CITY-ST-7IP CITY ST. ZIP D ☐ Delete Change Addition T:TLE TITLE ARNOLD, STEVE NAME NAME 2120 SOUTH CRYSTAL LAKE DR. STREET ADDRESS STREET_ADDRESS CITY-ST-ZIP LAKELAND FL 33801 CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE ARNOLD, SHIRLEY NAME NAME 2120 SOUTH CRYSTAL LAKE DR. STREET ADDRESS STREET ACCRESS LAKELAND FL 33801 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition THE THEF HARMON, MYRON NAME NAME 4101 CHELSEA LANE STREET ADDRESS STREET ADDPESS LAKELAND FL 33809 CITY-ST-ZIP CITY-ST-ZIP n TITLE ☐ Delete TITLE Change ☐ Addition HARMON, LORRETTA NAME 4101 CHELSEA LANE STREET AUDRESS STREET ADDRESS LAKELAND FL 33809 CITY-ST-ZIP CITY-ST-ZP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under outh; 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 in Block 10 or Block 11 if changed, or an an attachment with an address, with all other like empowered.

SIGNATURE

FILED