

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002455

FILED
Apr 15, 2009
Secretary of State

Entity Name: ONE CROSS WON, INC.

Current Principal Place of Business:

9501 FIELDVIEW CIRCLE
THONOTOSASSA, FL 33592 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 25352
TAMPA, FL 33622 US

New Mailing Address:

FEI Number: 26-2164857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINN, WALLACE W
9501 FIELDVIEW CIRCLE
THONOTOSASSA, FL 33592 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: DP () Delete
Name: QUINN, WALLACE W
Address: 9501 FIELDVIEW CIRCLE
City-St-Zip: THONOTOSASSA, FL 33592

Title: D () Delete
Name: MOORE, RICHARD
Address: 22451 LAURELDALE DRIVE
City-St-Zip: LUTZ, FL 33549 US

Title: D () Delete
Name: PHILLIPS, JOHN R
Address: PO BOX 1195
City-St-Zip: HENDERSON, KY 42419 US

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: WALLACE W QUINN

DP

04/15/2009

Electronic Signature of Signing Officer or Director

Date