

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 15, 2009  
Secretary of State

DOCUMENT# N08000002455

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