

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004604

FILED
Apr 24, 2009
Secretary of State

Entity Name: CROSSROADS LIFE MANAGEMENT, INC.

Current Principal Place of Business:

7130 SANDALWOOD DR.
PORT RICHEY, FL 34668 US

New Principal Place of Business:

Current Mailing Address:

7130 SANDALWOOD DR.
PORT RICHEY, FL 34668 US

New Mailing Address:

FEI Number: 26-2637461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAUNKE, JANET M
7130 SANDALWOOD DR.
PORT RICHEY, FL 34668 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: GRAUNKE, JANET M
Address: 7130 SANDALWOOD DR.
City-St-Zip: PORT RICHEY, FL 34668 US

Title: VP,T () Delete
Name: GRAUNKE, NICOLETTE J
Address: 12011-3 PROCTOR LOOP
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: S () Delete
Name: EHLE, LINDA
Address: 7144 SANDALWOOD DR.
City-St-Zip: PORT RICHEY, FL 34668 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,T (X) Change () Addition
Name: GRAUNKE, NICOLETTE J
Address: 12011-3 PROCTOR LOOP
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: V (X) Change () Addition
Name: GRAUNKE, JANET M
Address: 7130 SANDALWOOD DR.
City-St-Zip: PORT RICHEY, FL 34668 US

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: NICOLETTE J. GRAUNKE

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date