

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005774

FILED
Apr 20, 2009
Secretary of State

Entity Name: CROSS ROCK, INC.

Current Principal Place of Business:

7555 LUNDY LANE
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

7555 LUNDY LANE
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 26-3496498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMSTRONG, LEWIS
7536 JANA LANE NORTH
JACKSONVILLE, FL 32210 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: PD () Delete
Name: ARMSTRONG, LEWIS
Address: 7555 LUNDY LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: VPD () Delete
Name: YOUNG, CORINTHIS
Address: 7555 LUNDY LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD () Delete
Name: ARMSTRONG, CAROLE
Address: 7555 LUNDY LANE
City-St-Zip: JACKSONVILLE, FL 32210

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: LEWIS ARMSTRONG

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date