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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18070 (5)

1. Corporation Name
CROSSROAD DECISION MINISTRY, INC.



Principal Place of Business Mailing Address
1940 S.E. 2ND STREET 1940 S.E. 2ND STREET
POMPANO BEACH FL 33060 POMPANO BEACH FL 33060-7522

3. Date Incorporated or Qualified 09/26/1986
3a. Date of Last Report 03/19/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For
21 P.O. Box 700215 26 Suite, Apt #, etc. 59-2721174 Not Applicable
22 St. Cloud 27 City & State \$8.75 Additional Fee Required
23 Florida 28 City & State \$5.00 May Be Added to Fees
24 34770-0215 25 Osceola 29 Zip 30 Country 28 This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
DODGE, RICHARD W. 81 Name Dodge, Richard W.
950 N.E. 9TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) 910 Cypress Ave.
POMPANO BEACH FL 33060 83 St. Cloud
84 City Florida FL 85 Zip Code 34769

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	CD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODGE, RICHARD W.	1.2 NAME	Dodge, Richard W.
STREET ADDRESS	950 N.E. 9TH AVENUE	1.3 STREET ADDRESS	910 Cypress Ave.
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	St. Cloud, FL 34769
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODGE, JULIANNE T.	2.2 NAME	Dodge, Julianne
STREET ADDRESS	950 N.E. 9TH AVENUE	2.3 STREET ADDRESS	910 Cypress Ave.
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	St. Cloud, FL 34769
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARBULON, REGINA	3.2 NAME	
STREET ADDRESS	9467 NW 52 MANOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSICKI, DENISE	4.2 NAME	
STREET ADDRESS	8495 SW 42 CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33328	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONVER, DAVID	5.2 NAME	
STREET ADDRESS	3060 RIVERSIDE DR #E-4	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard W. Dodge* (RICHARD W. DODGE) 2/27/97 954-941-3055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0025217

CR2E037 (9/96)