

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18070 (5)

1. Corporation Name
CROSSROAD DECISION MINISTRY, INC.



Principal Place of Business P.O. BOX 700215 ST CLOUD FL 34770-0215 US	Mailing Address 1940 S.E. 2ND STREET POMPANO BEACH FL 33060
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3. Date Incorporated or Qualified
09/26/1986

4. FEI Number
59-2721174

Applied For	
Not Applicable	

2. Principal Place of Business 21 910 Cypress Ave. 22 St. Cloud 23 Fla. 24 Zip 34769	2a. Mailing Address 26 P.O. Box 700215 27 St. Cloud 28 Fla. 29 Zip 34770
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

DODGE, RICHARD W.
910 CYPRESS AVE
ST CLOUD FL 34769

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODGE, RICHARD W.	1.2 NAME	
STREET ADDRESS	910 CYPRESS AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODGE, JULIANNE	2.2 NAME	
STREET ADDRESS	910 CYPRESS AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARBULON, REGINA	3.2 NAME	
STREET ADDRESS	9487 NW 52 MANOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	3.4 CITY-ST-ZIP	
TITLE	SD	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	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		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I 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, upon an attachment with an address.

SIGNATURE: *Richard W. Dodge* **3/23/98 954-991-3055**

CR2E037 (10/97)