

FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N18070
 1. Corporation Name
 Crossroad Decision Ministry, Inc.

* 5 3 9 4 7 8 - 9 0 2 7 3 - 4 6 8 *

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	910 Cypress Ave.	26	P.O. Box 700215	09-26-1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	St. Cloud	27		59-2721174	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Fla.	28	St. Cloud, Fla.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24	34769	25	Osceola	29	34770-0215
		30	Osceola		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Dodge, Richard W. 910 Cypress Ave. St. Cloud, Fla. 34769				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	<input type="checkbox"/> DELETE	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, Fla.		1.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	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, Fla.		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Carbunon, Regina		3.2 NAME		
STREET ADDRESS	9467 N.W. 52 Manor		3.3 STREET ADDRESS		
CITY-ST-ZIP	Sunrise, Fla.		3.4 CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Kosicki, Denise		4.2 NAME	McNabb, Nina	
STREET ADDRESS	8495 S.W. 42 Ct		4.3 STREET ADDRESS	2202 Parkside Drive	
CITY-ST-ZIP	Davie, FL		4.4 CITY-ST-ZIP	Indian Harbour Beach, Fla. 32937	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Conver, David		5.2 NAME	Hogan, Jean	
STREET ADDRESS	3060 Riverside Dr. #E-4		5.3 STREET ADDRESS	600 N.E. 3 Street	
CITY-ST-ZIP	Coral Springs, FL		5.4 CITY-ST-ZIP	Pompano Beach, Fla. 33060	
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 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 of 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, with all other like empowered.

SIGNATURE: Richard W. Dodge Date: _____ Daytime Phone #: 954 941-3055

CR2E037 (1/1/98)