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Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N19770** (9)

1. Corporation Name

**CROSS AND CROWN MINISTRIES, INC.**

Principal Place of Business

**6133 SAN JOSE BLVD.  
JACKSONVILLE FL 32217**

Mailing Address

**6133 SAN JOSE BLVD.  
JACKSONVILLE FL 32217**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip **25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **30** Country

3. Date Incorporated or Qualified

**03/20/1987**

4. FEI Number

**59-2815352**

Applied For

Not Applicable

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

**SPRAGUE, REV. GEORGE H., III  
1510 FURMAN ROAD  
JACKSONVILLE FL 32207**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE  
NAME **SPRAGUE, GEORGE H., III**  
STREET ADDRESS **4117 SAN REMO DR. 8535 Brymerdows Rd**  
CITY-ST-ZIP **JACKSONVILLE FL 32256 Suite 56**

TITLE **STD** ☐ DELETE  
NAME **SPRAGUE, SANDRA K.**  
STREET ADDRESS **4117 SAN REMO DR. 8535 Brymerdows Rd**  
CITY-ST-ZIP **JACKSONVILLE FL 32256 Suite 56**

TITLE **D** ☐ DELETE  
NAME **KEYS, GLEN L.**  
STREET ADDRESS **1544 BIGBASS DR.**  
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **D** ☐ DELETE  
NAME **CULPEPPER, PATSY**  
STREET ADDRESS **4358 ARCH CREEK DR**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE  
NAME **KEYS, MARTHA S.**  
STREET ADDRESS **1544 BIGBASS DR.**  
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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:



2/10/98

Daytime Phone # 222-2222

CR2E037 (10/97)