


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90186 032 ****61.25

DOCUMENT # N32352 1. Entity Name CROSSROADS MINISTRIES, INC.	
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Principal Place of Business C/O ROBISON R. HARRELL 3 CLIFFORD DR. SHALIMAR, FL 32579-1250	Mailing Address C/O ROBISON R. HARRELL 3 CLIFFORD DR. SHALIMAR, FL 32579-1250
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DO NOT WRITE IN THIS SPACE



02242005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2969972	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HARRELL, ROBISON R.
3 CLIFFORD DRIVE
SHALIMAR, FL 32579**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROCK, MARY 648 COUNTRY CLUB AVE. FT. WALTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRELL, LONNETE E. 39 MEIGS DR. SHALIMAR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARICA, DAWN 116 HUMMINGBIRD AVE FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHIS, EDITH 1019 HIGHGROVE CT. FT. WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRELL, ROBISON R 3 CLIFFORD DRIVE SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Robison R. Harrell** **2-24-05** **850-651-3210**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #