

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90021 015 \*\*\*\*61.25

**DOCUMENT # N32352**

1. Entity Name  
**CROSSROADS MINISTRIES, INC.**



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**

**50005112**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02252006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-2969972**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **STROCK, MARY**  
STREET ADDRESS **648 COUNTRY CLUB AVE.**  
CITY-ST-ZIP **FT. WALTON BEACH, FL**

TITLE **VD** ☐ Delete  
NAME **HARRELL, LONNETE E.**  
STREET ADDRESS **39 MEIGS DR.**  
CITY-ST-ZIP **SHALIMAR, FL**

TITLE **TD** ☐ Delete  
NAME **GARICA, DAWN**  
STREET ADDRESS **116 HUMMINGBIRD AVE**  
CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE **D** ☐ Delete  
NAME **MATHIS, EDITH**  
STREET ADDRESS **1019 HIGHGROVE CT.**  
CITY-ST-ZIP **FT. WALTON BEACH, FL 32547**

TITLE **PD** ☐ Delete  
NAME **HARRELL, ROBISON R**  
STREET ADDRESS **3 CLIFFORD DRIVE**  
CITY-ST-ZIP **SHALIMAR, FL 32579**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **Amy E. Folk**  
STREET ADDRESS **504 23rd Street**  
CITY-ST-ZIP **Niceville, FL 32578**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-14-06**  
Date

Daytime Phone #

**ATTACHMENT**  
**CROSSROADS MINISTRIES**

3 CLIFFORD DRIVE  
SHALIMAR, FLORIDA 32579

(850) 651-1111  
FAX (850) 651-3210

50005712  
#N32352

March 14, 2006

FLORIDA DEPARTMENT OF STATE  
Ms. Sue M. Cobb  
Secretary of State  
Division of Corporations  
Uniform Business Reports Filings  
P O Box 6198  
Tallahassee, Florida 32314

**RE: Crossroads Ministries, Inc. (f/k/a Lovenotes Ministries, Inc.)**

Dear Ms. Cobb:

Enclosed are the following:

1. The **2006 Not-For-Profit Corporation Annual Report** for Crossroads Ministries, Inc.; and
2. **Check** made payable to Florida Department Of State in the amount of \$61.25.

Warm regards,



**ROBISON R. HARRELL**

RRH/af

Enclosures: As listed