2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N32352

1. Entity Name
CROSSROADS MINISTRIES, INC.

Principal Place of Business	Mailing Address
C/O ROBISON R. HARRELL 3 CLIFFORD DR. SHALIMAR, FL 32579-1250	C/O ROBISON R. HARRELL 3 CLIFFORD DR. SHALIMAR, FL 32579-1250

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01162007 No Chg-NP CR2E037 (4/06)

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

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

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FOLK, AMY E
STREET ADDRESS	504 23RD STREET
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	VD
NAME	HARRELL, LONNETE E.
STREET ADDRESS	39 MEIGS DR.
CITY-ST-ZIP	SHALIMAR, FL
TITLE	TD
NAME	GARICA, DAWN
STREET ADDRESS	116 HUMMINGBIRD AVE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	D
NAME	MATHIS, EDITH
STREET ADDRESS	1019 HIGHGROVE CT.
CITY-ST-ZIP	FT. WALTON BEACH, FL 32547
TITLE	PD
NAME	HARRELL, ROBISON R
STREET ADDRESS	3 CLIFFORD DRIVE
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/22/07-80018-023 61.25

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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: _____ 1-17-07 850-651-4114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #