


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

| | | |
|---|---|---|
| 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 | |



02122008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 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

**DO NOT WRITE
IN THIS SPACE**

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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FOLK, AMY E 504 23RD STREET NICEVILLE, FL 32578 |
| 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 | |

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02/26/08-80053-009 61.25

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IN THIS SPACE**

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

Date

Daytime Phone #

2/12/08

59-657-340