2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N32352

Entity Name: CROSSROADS MINISTRIES, INC.

Current Principal Place of Business:

C/O ROBISON R. HARRELL
3 CLIFFORD DR.
SHALIMAR, FL 325791250

New Principal Place of Business:

Current Mailing Address:

C/O ROBISON R. HARRELL
3 CLIFFORD DR.
SHALIMAR, FL 325791250

New Mailing Address:

FEI Number: 59-2969972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE: ROBISON R. HARRELL 04/20/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FOLK, AMY E
Address: 504 23RD STREET
City-St-Zip: NICEVILLE, FL 32578

Title: VD ( ) Delete
Name: HARRELL, LONNETE E.
Address: 39 MEIGS DR.
City-St-Zip: SHALIMAR, FL

Title: TD ( ) Delete
Name: GARICA, DAWN
Address: 116 HUMMINGBIRD AVE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D ( ) Delete
Name: MATHIS, EDITH
Address: 1019 HIGHGROVE CT.
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: PD ( ) Delete
Name: HARRELL, ROBISON R
Address: 3 CLIFFORD DRIVE
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: HARRELL, LONNETTE E
Address: 39 MEIGS DR.
City-St-Zip: SHALIMAR, FL 32579

Title: TD (X) Change ( ) Addition
Name: GARICA, DAWN
Address: 106 KIPLING DRIVE
City-St-Zip: CRESTVIEW, FL 32539

Title: D (X) Change ( ) Addition
Name: SMITH, LINDA C
Address: 770 SUNDIAL CT
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBISON R. HARRELL P 04/20/2009
Electronic Signature of Signing Officer or Director Date