

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32352

FILED  
Apr 20, 2010  
Secretary of State

**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:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

Title: TD  
Name: GARICA, DAWN  
Address: 106 KIPLING DRIVE  
City-St-Zip: CRESTVIEW, FL 32539

Title: D  
Name: SMITH, LINDA C  
Address: 31A 5TH AVE  
City-St-Zip: SHALIMAR, FL 32579

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

I hereby 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 all other like empowered.

SIGNATURE: ROBISON R. HARRELL

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04/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date