

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 12 1997 8:00am
Secretary of State

DOCUMENT # N35452

(4)

1. Corporation Name

CROSS ROADS MISSION, INC.



Principal Place of Business

Mailing Address

400 N. PARRAMORE STREET
ORLANDO FL 32801

400 N. PARRAMORE STREET
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1989

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3018078

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STARKE, MAVIS K.
% CROSS ROADS MISSION, INC.
400 N. PARRAMORE STREET
ORLANDO FL 32801

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits (this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-6-97

12. OFFICERS AND DIRECTORS

TITLE D
NAME STARKE, MAVIS K.
STREET ADDRESS 3408 WALLER PL
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE T
NAME KINSLER, SYRYAL
STREET ADDRESS 3408 WALLER PLACE
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE S
NAME WISEBAKER, JACQUELYN
STREET ADDRESS 3463 BASIE PLACE
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE T
NAME CORDNER, MERVYN J
STREET ADDRESS 1036 WEST AMELIA ST
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE T
NAME SALTER, CHARLIE JEAN
STREET ADDRESS 3464 DOMI-FITZ CT
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE T
NAME PAGE, ERNEST
STREET ADDRESS 3400 WEST CHURCH ST
CITY-ST-ZIP ORLANDO FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE D
1.2 NAME JAMES C. Killian
1.3 STREET ADDRESS 537 Lake Margaret Dr. #204
1.4 CITY-ST-ZIP Orlando, FL 32812-6021 ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

Mavis K. Starke 8-6-97

CR2E037 (4/97)