


FILE NOW: FILING FEE IS \$61.25

FILED

May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N35452 (4) CROSS ROADS MISSION, INC.		



Principal Place of Business 400 N. PARRAMORE STREET ORLANDO FL 32801	Mailing Address 400 N. PARRAMORE STREET ORLANDO FL 32801
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21 Principal Place of Business 400 N. Parramore Suite, Apt. #, etc. Orlando Fla. City & State Fla. Zip 32801	22 Country Orange	26 Mailing Address Same Suite, Apt. #, etc. Same City & State Same Zip Same	27 Country Same
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3 Date Incorporated or Qualified 11/27/1989	4 FEI Number 59-3018078	Applied For <input type="checkbox"/> Not Applicable	
5 Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7 Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9 Name and Address of Current Registered Agent STARKE, MAVIS K. % CROSS ROADS MISSION, INC. 400 N. PARRAMORE STREET ORLANDO FL 32801	10 Name and Address of New Registered Agent None None None FL 85 Zip Code
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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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																																																																								
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14. I 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 _____ DATE **4/96/98**

CR2E037 (10/97)