

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N45704 (6)**
1. Corporation Name
CROSS ROAD EVANGELISTIC MINISTRIES, INC.

Principal Place of Business Mailing Address

061 HIGHWAY 441
PAHOKEE FL 33476
US

P.O. BOX 25907
TAMARAC FL 33320-5907
US

2. Principal Place of Business 2a. Mailing Address

21 P. O. Box 25907 26 861 Highway 441

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State Tamarac, Florida 28 City & State Pahoee, Florida

24 Zip 33320-5907 25 Country Broward 29 Zip 33476 30 Country Palm Beach

9. Name and Address of Current Registered Agent

ADAMS, SHERRILL
6060 FALLS CIR DR
APT 226 BLDG 200
LAUDERHILL FL 33319

APPROVED
AND
FILED

95 MAR 20 AM 9:55

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

10/22/1991 04/06/1994

4. FEI Number 4b. Applied For

65-0310474 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 FL 86 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when new agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, SHERRILL	1.2 NAME	50001435945
STREET ADDRESS	6060 FALLS CIRCLE DR	1.3 STREET ADDRESS	-03/22/95--01022--007
CITY- ST- ZIP	FT LAUDERDALE FL	1.4 CITY- ST- ZIP	*****61.25 *****61.25
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAYMAN, GLEN	2.2 NAME	
STREET ADDRESS	1300 CORPORATE WAY, #200	2.3 STREET ADDRESS	
CITY- ST- ZIP	WELLINGTON FL	2.4 CITY- ST- ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, SYLVIA	3.2 NAME	
STREET ADDRESS	6060 FALLS CIRCLE DR	3.3 STREET ADDRESS	Tus. 3/20/95
CITY- ST- ZIP	FT LAUDERDALE FL	3.4 CITY- ST- ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAYMAN, GLEN	4.2 NAME	
STREET ADDRESS	1300 CORPORATE WAY, 200	4.3 STREET ADDRESS	
CITY- ST- ZIP	WELLINGTON FL	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), 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: Sherrill D Adams President 3/14/95 407 6427188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Adams, Sherrill President