

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT **96-1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 APR 13 PM 12:10
 TALLAHASSEE, FLORIDA

DOCUMENT # **N45704**
 1. Corporation Name
Cross Road Evangelistic Ministries, Inc.
099-15847

Principal Place of Business
**3783 Coconut Road
 West Palm Beach, Fl
 33416**

Mailing Address
**P.O. Box 17007
 West Palm Beach, Fl
 33416**

REINSTATEMENT *96-95*

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country

3. Date Incorporated or Qualified
Dec. 29, 1992

4. FEI Number **65-0310474** Applied For 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**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**Sherrill D. Adams
 4154 N.W. 45th Ave.
 Lauderdale Lakes, Fl 33319**

10. Name and Address of New Registered Agent
 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 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 *Sherrill Adams President* *Sherrill Adams* **7-31-99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	SHERRILL ADAMS D
STREET ADDRESS	4154 NW 45th AVE
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE
NAME	DR. GLENN SLAYMAN D
STREET ADDRESS	12560 TIMBER PINE TRAIL
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	TREASURER <input type="checkbox"/> DELETE
NAME	MARLENE LANGLOIS D
STREET ADDRESS	3785 COCONUT RD
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	400002964944--5
2.4 CITY-ST-ZIP	-08/20/99--01005--001
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	***\$455.00 ***\$455.00
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sherrill Adams* (President) Sherrill Adams 6/21/99 (561) 642-7188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

KE

**Cross Road Evangelistic Ministries, Inc.
P. O. Box 17007
West Palm Beach, Fl 33461**

Aug. 11, 1999

**To: Florida Department Of State
Katherine Harris
Secretary of State
Division of Corporations
(Reinstatement)**

**Wound you please fax a copy of the reinstatement paper of status to, fax #
(954) 7178730. Thank you for your kindness and time.**

Sherrill Adams
President