

2000 UNIFORM BUSINESS REPORT (UBR)

3/1/00-90001-027-\$61.25-\$61.25

DOCUMENT # N45704

1. Entity Name

Cross Road Evangelistic Ministries, Inc.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3783 Coconut Road West Palm Beach, Fl 33416	Mailing Address P.O. Box 17007 West Palm Beach, Fl 33416
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 65-0310474	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Adams, Sherrill D.
4154 N.W. 45th Ave.
Lauderdale Lakes Fl 33319**

7. Name and Address of New Registered Agent

Name: **Donald Nystrom**
Street Address (P.O. Box Number is Not Acceptable):
114 Lake Emerald Dr. Suite # 208
City: **Fort Lauderdale** FL Zip Code: **33309**

8. 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: Donald Nystrom Donald Nystrom Vice President 2/17/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	Adams, Sherrill	
STREET ADDRESS	4154 NW 45th Ave	
CITY-ST-ZIP	Lauderdale Lakes Fl 33319	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	Slayman, Glen	
STREET ADDRESS	12560 Timber Pine Trail	
CITY-ST-ZIP	West Palm Beach, Fl 33417	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	Langlois Marlene	
STREET ADDRESS	3785 Coconut Road	
CITY-ST-ZIP	West Palm Beach, Fl 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald Nystrom	
STREET ADDRESS	114 Lake Emerald Dr. #208	
CITY-ST-ZIP	Fort Lauderdale, Fl 33309	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven Bohn	
STREET ADDRESS	10031 NW 5th Street	
CITY-ST-ZIP	Plantation, Fl 33324	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Sipala	
STREET ADDRESS	114 Lake Emerald Dr. Suite # 208	
CITY-ST-ZIP	Fort Lauderdale, Fl 33309	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nadine Caudell	
STREET ADDRESS	1175 Wynnedale Circle	
CITY-ST-ZIP	West Palm Beach, Fl 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald Nystrom Donald Nystrom - PD 2/17/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KE

CR2E037 (9/99)