

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90138 006 ****61.25

DOCUMENT # N45704

1. Entity Name

CROSS ROAD EVANGELISTIC MINISTRIES, INC.

Principal Place of Business

3783 COCONUT ROAD
 WEST PALM BEACH FL 33416
 US

Mailing Address

P.O. BOX 17007
 WEST PALM BEACH FL 33416

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0310474

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NYSTROM, DONALD
114 LAKE EMERALD DR. SUITE #208
FORT LAUDERDALE FL 33309

Name
Rev: Don Adams

Street Address (P.O. Box Number is Not Acceptable)
2816 NW 29 St

City
Fort Lauderdale FL Zip Code
33311

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 Rev. Don Adams

President

2-11-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **NYSTROM, DONALD**
 STREET ADDRESS **114 LAKE EMERALD DR. #208**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **PD** Change Addition
 NAME **Rev. Don Adams**
 STREET ADDRESS **2816 NW 29 St**
 CITY-ST-ZIP **Fort Lauderdale FL 33311**

TITLE **VPD** Delete
 NAME **BOHN, STEVEN**
 STREET ADDRESS **10031 NW 5TH STREET**
 CITY-ST-ZIP **PLANTATION FL 33324**

Change Addition

TITLE **TD** Delete
 NAME **SIPALA, JOSEPH**
 STREET ADDRESS **114 LAKE EMERALD DR. SUITE #208**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

Change Addition

TITLE **S** Delete
 NAME **CAUDELL, NADINE**
 STREET ADDRESS **1175 WYNNEDALE CIRCLE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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: SIGNATURE: Rev. Don Adams President 2-11-02 (954) 627-6900

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE