

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45704

FILED  
Jan 09, 2007  
Secretary of State

Entity Name: CROSS ROAD EVANGELISTIC MINISTRIES, INC.

**Current Principal Place of Business:**

3783 COCONUT ROAD  
WEST PALM BEACH, FL 33416 US

**New Principal Place of Business:**

3783 COCONUT ROAD  
WEST PALM BEACH, FL 33461

**Current Mailing Address:**

PO BOX 101055  
FORT LAUDERDALE, FL 33310

**New Mailing Address:**

FEI Number: 65-0310474      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ADAMS, SHERRILL D REV.  
621 N.W. 6 AVENUE  
FORT LAUDERDALE, FL 33311 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ADAMS, SHERRILL D REV.  
Address: 621 N.W. 6 AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VPD ( ) Delete  
Name: BOHN, STEVEN  
Address: 10031 NW 5TH STREET  
City-St-Zip: PLANTATION, FL 33324

Title: TD ( ) Delete  
Name: SIPALA, JOSEPH  
Address: 114 LAKE EMERALD DR. SUITE #208  
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: P ( ) Delete  
Name: OLLIVIERRE, DANIEL  
Address: 4521 N.W. 6TH CT.  
City-St-Zip: PLANTATION, FL 33317

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ADAMS, SHERRILL D REV.  
Address: 621 N.W. 6 AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VP (X) Change ( ) Addition  
Name: BOHN, STEVEN  
Address: 10031 NW 5TH STREET  
City-St-Zip: PLANTATION, FL 33324

Title: T (X) Change ( ) Addition  
Name: SIPALA, JOSEPH  
Address: 114 LAKE EMERALD DR. SUITE #208  
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPMO ( ) Change (X) Addition  
Name: HUDON, TAMARIE  
Address: P.O. BOX 157  
City-St-Zip: ZENON PARK, SA SOE1WO CA

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON ADAMS

P

01/09/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date