

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45704

FILED
Jan 06, 2009
Secretary of State

Entity Name: CROSS ROAD EVANGELISTIC MINISTRIES, INC.

Current Principal Place of Business:

3783 COCONUT ROAD
WEST PALM BEACH, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 101055
FORT LAUDERDALE, FL 33310 US

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 T
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: PRES () Delete
Name: BOHN, STEVE
Address: 10031 NW 5TH STREET
City-St-Zip: PLANTATION, FL 33324 US

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

Title: T () Delete
Name: ADAMS, SHERRILL D REV
Address: 621 NW 6TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33311 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BOHN, STEVE
Address: 887 PETUNIA DRIVE
City-St-Zip: PLANTATION, FL 33317 US

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

Title: PRES (X) Change () Addition
Name: ADAMS, SHERRILL D REV
Address: 621 NW 6 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33310 US

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

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

I hereby certify that the information supplied with this filing does not qualify 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: SHERRILL ADAMS

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date