

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90849 023 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address
PO Box 101055

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Fort Lauderdale FL

4. FE1 Number **65-0310474**

Applied For

Not Applicable

Zip

Country

Zip

Country

33310

Broward

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

**ADAMS, DON REV.
2816 NW 29 STREET
FORT LAUDERDALE FL 33311**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ADAMS, DON REV.	
STREET ADDRESS	2816 NW 29 STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BOHN, STEVEN	
STREET ADDRESS	10031 NW 5TH STREET	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SIPALA, JOSEPH	
STREET ADDRESS	114 LAKE EMERALD DR. SUITE #208	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	S	<input type="checkbox"/> Delete
NAME	CAUDELL, NADINE	
STREET ADDRESS	1175 WYNNEDALE CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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:

Don Adams
DON ADAMS, REGISTERED AGENT

Feb 14, 2003

561-502-9355

Date

Daytime Phone #

CR2E037 (10/02)