

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000563 (8)

1. Corporation Name

CROSSOVER REFUGE MINISTRIES, INC.



Principal Place of Business

7809 N. ORLEANS AVENUE
TAMPA FL 33604
US

Mailing Address

7809 N. ORLEANS AVENUE
TAMPA FL 33604
US

3. Date Incorporated or Qualified
11/30/1992

3a. Date of Last Report
03/30/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 17708 RIVENDEL RD

27 Suite, Apt. #, etc.

28 City & State

28 LUTZ, FL

29 Zip

33549

30 Country

USA

4. FEI Number
59-3161410

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

MCCUTCHEN, JUDY
7809 N. ORLEANS AVENUE
TAMPA FL 33604

10. Name and Address of New Registered Agent

81 Name
STEVEN D. MEIGS

82 Street Address (P.O. Box Number is Not Acceptable)
17708 RIVENDEL RD.

83

84 City
LUTZ

FL

85 Zip Code
33549

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Steven Meigs* STEVEN D. MEIGS, CHAIRMAN

4/16/96
DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME MEIGS, STEVEN D
STREET ADDRESS 1420 W. BURGER ST.
CITY-ST-ZIP TAMPA FL 33604

TITLE D
NAME SPINNEY, WINTHROP J
STREET ADDRESS 7229 NORTHBRIDGE BLVD.
CITY-ST-ZIP TAMPA FL 33615

TITLE D
NAME TREMPER, JONATHAN C
STREET ADDRESS 11314 MARJORY AVE.
CITY-ST-ZIP TAMPA FL 33612

TITLE D
NAME MCELROY, JAMES F
STREET ADDRESS 1050 PIRATE'S WAY
CITY-ST-ZIP LAKELAND FL 33801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME KINGSFORD, D. CHRISTOPHER
1.3 STREET ADDRESS 5236 RAWLS RD.
1.4 CITY-ST-ZIP TAMPA, FL 33624

2.1 TITLE D
2.2 NAME GUEST, MATTHEW J.
2.3 STREET ADDRESS 17708 RIVENDEL RD.
2.4 CITY-ST-ZIP LUTZ, FL 33549-5534

3.1 TITLE CD
3.2 NAME MEIGS, STEVEN D.
3.3 STREET ADDRESS 17708 RIVENDEL RD.
3.4 CITY-ST-ZIP LUTZ, FL 33549-5534

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Steven Meigs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 813-930-0777
Date Daytime Phone #

CR2E037 (12/95)