

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000563 (8)**

1. Corporation Name

**CROSSOVER REFUGE MINISTRIES, INC.**



Principal Place of Business <b>7809 N. ORLEANS AVENUE TAMPA FL 33604 US</b>	Mailing Address <b>17708 RIVENDEL RD LUTZ FL 33549-5534 US</b>
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3. Date Incorporated or Qualified **11/30/1992**      3a. Date of Last Report **04/22/1996**

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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

**MEIGS, STEVEN D.  
17708 RIVENDEL RD  
LUTZ FL 33549**

10. Name and Address of New Registered Agent

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MEIGS, STEVEN D</b>		1.2 NAME <b>KINGSFORD, D. CHRISTOPHER</b>	
STREET ADDRESS <b>1420 W. BURGER ST.</b>		1.3 STREET ADDRESS <b>1110 ARBOLEDA CT.</b>	
CITY-ST-ZIP <b>TAMPA FL 33604</b>		1.4 CITY-ST-ZIP <b>TAMPA, FL 33604</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GUEST, MATTHEW J.</b>		2.2 NAME <b>MCCELROY, JAMES F.</b>	
STREET ADDRESS <b>17708 RIVENDEL RD</b>		2.3 STREET ADDRESS <b>833 CHANNING RD.</b>	
CITY-ST-ZIP <b>LUTZ FL</b>		2.4 CITY-ST-ZIP <b>LAKELAND, FL 33805</b>	
TITLE <b>CD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MEIGS, STEVEN D.</b>		3.2 NAME <b>WILBOURNE, ALEXANDER C.</b>	
STREET ADDRESS <b>17708 RIVENDEL RD</b>		3.3 STREET ADDRESS <b>519 S. MATANZAS</b>	
CITY-ST-ZIP <b>LUTZ FL</b>		3.4 CITY-ST-ZIP <b>TAMPA, FL 33609</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCCELROY, JAMES F</b>		4.2 NAME	
STREET ADDRESS <b>1050 PIRATE'S WAY</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKELAND FL 33801</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KINGSFORD, D CHIRSTOPHER</b>		5.2 NAME	
STREET ADDRESS <b>5236 RAWLS RD</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 D. Meigs **STEVEN D. MEIGS** 1/3/97 **813-948-0777**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045957

CR2E037 (9/96)