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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000563 (8)**

1. Corporation Name

CROSSOVER REFUGE MINISTRIES, INC.

Principal Place of Business

Mailing Address

**7809 N. ORLEANS AVENUE
TAMPA FL 33604
US**

**17708 RIVENDEL RD
LUTZ FL 33549
US**

3. Date Incorporated or Qualified

11/30/1992

4. FEI Number

59-3161410

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26 **8713 SPRING TREE DR.**

22
City & State

27
City & State
TAMPA FL

23
Zip Country

28
Zip Country
33637 US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 **None**
82 **THERESA I. PARMEGIANI**
83 **8713 SPRING TREE DR.**
84 **TAMPA** **85** **FL** **86** **33637**

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 **Theresa I. Parmegiani**
Signature, typed or printed name of registered agent and title if applicable

Secretary/Treasurer
(NOTE: Registered Agent signature required when reinstating)

17 March 1998
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KINGSFORD, D. CHRISTOPHER	
STREET ADDRESS	1110 ARBOLEDA CT.	
CITY-ST-ZIP	TAMPA FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCELROY, JAMES P.	
STREET ADDRESS	833 CHANNING RD.	
CITY-ST-ZIP	LAKELAND FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILBOURNE, ALEXANDER C.	
STREET ADDRESS	519 S. MATANZAS	
CITY-ST-ZIP	TAMPA FL	

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"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	C
2.3 STREET ADDRESS	MEIGS, STEVEN D.
2.4 CITY-ST-ZIP	17708 RIVENDEL RD. LUTZ FL 33549

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	GORMAN, SCOTT M.
3.4 CITY-ST-ZIP	5309 LEISURE ST. RIDGE MANOR, FL 33523

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Theresa I. Parmegiani
4.3 STREET ADDRESS	8713 Springtree Dr
4.4 CITY-ST-ZIP	Tampa FL 33637

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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**

3/9/98 813-948-0777

CR2E037 (10/97)