


FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90209 047 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																	
DOCUMENT # N92000000563																																																																																																																																																					
1. Corporation Name CROSSOVER REFUGE MINISTRIES, INC.																																																																																																																																																					
Principal Place of Business 7809 N. ORLEANS AVENUE TAMPA FL 33604 US			Mailing Address 8713 SPRING TREE DR TAMPA FL 33637 US																																																																																																																																																		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 17708 RIVENDEL RD. 27 Suite, Apt. #, etc. 28 City & State 29 LUTZ FL 30 Zip Country 31 33549 USA		3. Date Incorporated or Qualified 11/30/1982 4. FEI Number 59-3161410 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																	
9. Name and Address of Current Registered Agent PARMEGIANI, THERESA I 8713 SPRING TREE DR TAMPA FL 33637			10. Name and Address of New Registered Agent 81 Name REV. STEVEN MEIGS 82 Street Address (P.O. Box Number is Not Acceptable) 17708 RIVENDEL RD. 83 City LUTZ FL 84 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 <i>Steven D. Meigs</i> STEVEN D. MEIGS, PASTOR 4/20/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																					
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>KINGSFORD, D. 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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, with all other like empowered.

SIGNATURE: *Steven D. Meigs* **STEVEN D. MEIGS** **4/20/99** **813-948-0777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (4/1/98)