

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000563

1. Entity Name

CROSSOVER REFUGE MINISTRIES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90083 012 ****61.25

Principal Place of Business 7809 N. ORLEANS AVENUE TAMPA FL 33604 US	Mailing Address 17708 RIVENDEL RD LUTZ FL 33549-5534
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3161410	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEIGS, STEVEN REV
17708 RIVENDEL RD
LUTZ FL 33549

7. Name and Address of New Registered Agent

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.

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	C <input type="checkbox"/> Delete
NAME	MEIGS, STEVEN D
STREET ADDRESS	17708 RIVENDEL RD
CITY-ST-ZIP	LUTZ FL 33549
TITLE	T <input type="checkbox"/> Delete
NAME	PARMEGIANI, THERESA I
STREET ADDRESS	8713 SPRINGTREE DR
CITY-ST-ZIP	TAMPA FL 33637
TITLE	D <input type="checkbox"/> Delete
NAME	MC GEE, JOHN S
STREET ADDRESS	13145 N 20TH ST., #206
CITY-ST-ZIP	TAMPA FL 33612
TITLE	D <input type="checkbox"/> Delete
NAME	PARMEGIANI, THERESA I
STREET ADDRESS	8713 SPRINGTREE DR
CITY-ST-ZIP	TAMPA FL 33637
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D
STREET ADDRESS	8501 N. 50TH ST #202
CITY-ST-ZIP	TAMPA FL 33617
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 *Steven Meigs* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (9/99)