

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000563

1. Entry 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

2. Principal Place of Business

3. Mailing Address

6821 W. Waters Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tampa, FL

City & State
33634-2281

City & State

4. FEI Number

59-3161410

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

USA

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEIGS, STEVEN REV
17708 RIVENDEL RD
LUTZ FL 33549

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. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE C P ☐ Delete
NAME MEIGS, STEVEN D
STREET ADDRESS 17708 RIVENDEL RD
CITY-ST-ZIP LUTZ FL 33549

TITLE T ☒ Delete
NAME PARMEGANI, THERESA I
STREET ADDRESS 8713 SPRINGTREE DR
CITY-ST-ZIP TAMPA FL 33637

TITLE D ☐ Delete
NAME MC GEE, JOHN S
STREET ADDRESS 8501 N. 50TH ST. #202
CITY-ST-ZIP TAMPA FL 33617

TITLE D ☐ Delete
NAME PARMEGANI, THERESA I
STREET ADDRESS 8713 SPRINGTREE DR
CITY-ST-ZIP TAMPA FL 33637

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 D. Meigs* STEVEN D. MEIGS

4/15/01

813-909-0777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

4/

FILED
May 21, 2001 8:00 am
Secretary of State

04-27-2001 90351 049 ****61.25



DO NOT WRITE IN THIS SPACE