



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000005108 1. Entity Name CROSSWAY COMMUNITY CHURCH OF OKALOOSA COUNTY, INC.						FILED 07 SEP 17 PM 2:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 111 BAILEY DRIVE, SUITE 2 NICEVILLE, FL 32578 US				Mailing Address 111 BAILEY DRIVE, SUITE 2 NICEVILLE, FL 32578 US			
2. Principal Place of Business - No P.O. Box # 514 John Sims Parkway		3. Mailing Address P.O. Box 1642					
Suite, Apt. #, etc. Suite 2		Suite, Apt. #, etc. 					
City & State Niceville, FL		City & State Niceville, FL					
Zip 32578		Country US		Zip 32588		Country US	
4. FEI Number 59-3219369				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 DAY, N. SHANNON 111 BAILEY DRIVE, SUITE 2 NICEVILLE, FL 32578				7. Name and Address of New Registered Agent Name Day, N. Shannon Street Address (P.O. Box Number is Not Acceptable) 514 John Sims Parkway Suite 2 City Niceville FL Zip Code 32578			
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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 9/12/07			
Filing Fee is \$61.25 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State.							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD DAY, NORMAN SHANNON 1038 ROCKY BAYOU DRIVE NICEVILLE, FL 32578			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JAMMER, EDWIN D 113 PERDIDO CIRCLE NICEVILLE, FL 32578			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, TOM 809 COLDWATER CREEK CIRCLE NICEVILLE, FL 32578			<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LENFESTEY, JOHN D 325 EGAN DRIVE CRESTVIEW, FL 32536			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMMER, EDDIE 113 PERDIDO CIRCLE NICEVILLE, FL 32578			<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: N. Shannon Day 9/12/07 850-678-0675 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			