

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005108

FILED
Feb 26, 2009
Secretary of State

Entity Name: CROSSWAY COMMUNITY CHURCH OF OKALOOSA COUNTY, INC.

Current Principal Place of Business:

514 JOHN SIMS PARKWAY
SUITE 2
NICEVILLE, FL 32578 US

New Principal Place of Business:

4982 SOUTH FERDON BOULEVARD
CRESTVIEW, FL 32536 US

Current Mailing Address:

P.O. BOX 1642
NICEVILLE, FL 32588

New Mailing Address:

FEI Number: 59-3219369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAY, N. SHANNON
514 JOHN SIMS PARKWAY
SUITE 2
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

DAY, N. SHANNON
4982 S. FERDON BOULEVARD
CRESTVIEW, FL 32536 US

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:

02/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: DAY, NORMAN SHANNON
Address: 1038 ROCKY BAYOU DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: SD () Delete
Name: JAMMER, EDWIN D
Address: 113 PERDIDO CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: LENFESTEY, JOHN D
Address: 325 EGAN DRIVE
City-St-Zip: CRESTVIEW, FL 32536

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LENFESTEY, JOHN D
Address: 312 RIVERCHASE BOULEVARD
City-St-Zip: CRESTVIEW, FL 32536

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN SHANNON DAY

PCD

02/26/2009

Electronic Signature of Signing Officer or Director

Date