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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000002548 (5)**

1. Corporation Name
CROSS MINISTRIES, INC.

Principal Place of Business	Mailing Address
358 KING ST OVIEDO FL 32765 US	P.O. BOX 622144 OVIEDO FL 32765 US

3. Date Incorporated or Qualified: 05/19/1994

4. FEI Number: 59-3301980 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 358 King St.	26 PO By 150 516
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 OVIEDO, FL.	City & State 28 ALTAMONTE Spg S. FL.
Zip 24 32765 Country 25 U.S.A.	Zip 29 32715-0516 Country 30 U.S.A.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCCULLOUGH, JOSEPH P 643 BIRCH BLVD. ALTAMONTE SPRING FL 32701	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TV	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PRIEST, MARTINI		1.2 NAME		
STREET ADDRESS	1120 BEE LINE		1.3 STREET ADDRESS		
CITY-ST-ZIP	GENEVA FL		1.4 CITY-ST-ZIP		
TITLE	TV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, OTTO D		2.2 NAME		
STREET ADDRESS	190 E. FAITH TERR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		2.4 CITY-ST-ZIP		
TITLE	TP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCCULLOUGH, JOSEPH P		3.2 NAME		
STREET ADDRESS	643 BIRCH BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STYNE, JENNIFER		4.2 NAME		
STREET ADDRESS	643 BIRCH BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPINGS FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCCULLOUGH, MIKELANN		5.2 NAME		
STREET ADDRESS	643 BIRCH BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMOTNE SPRINGS FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	T	☐ Change ☒ Addition
NAME			6.2 NAME	Chuck Nyquist	
STREET ADDRESS			6.3 STREET ADDRESS	965 ROSE WALK CT.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	ORlando, Fl. 32825	

CR2E037 (10/97)

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.

SIGNATURE: Joseph P. McCullough / Joseph P. McCullough / President 4-24-98 / 407-331-4156