

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90145 012 ****61.25

DOCUMENT # N94000002548

1. Corporation Name

CROSS MINISTRIES, INC.

Principal Place of Business

358 KING ST
OVIEDO FL 32765
US

Mailing Address

P.O. BOX 150-516
ALTAMONT SPRINGS FL 32715
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/19/1994

4. FEI Number

59-3301980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MCCULLOUGH, JOSEPH P
643 BIRCH BLVD.
ALTAMONTE SPRING FL 32701

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TV ☐ DELETE
NAME PRIEST, MARTINI
STREET ADDRESS 1120 BEE LINE
CITY-ST-ZIP GENEVA FL

TITLE TV ☐ DELETE
NAME ANDERSON, OTTO D
STREET ADDRESS 190 E. FAITH TERR
CITY-ST-ZIP MAITLAND FL

TITLE TP ☐ DELETE
NAME MCCULLOUGH, JOSEPH P
STREET ADDRESS 643 BIRCH BLVD.
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE S ☐ DELETE
NAME STYNE, JENNIFER
STREET ADDRESS 643 BIRCH BLVD.
CITY-ST-ZIP ALTAMONTE SPINGS FL

TITLE V ☐ DELETE
NAME MCCULLOUGH, MIKELANN
STREET ADDRESS 643 BIRCH BLVD.
CITY-ST-ZIP ALTAMOTNE SPRINGS FL

TITLE T ☐ DELETE
NAME NYGUIST, CHUCK
STREET ADDRESS 965 ROSE WALK CT
CITY-ST-ZIP ORLANDO FL 32825

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Joseph P. McCullough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)