2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002548

1. Entity Name

CROSS MINISTRIES, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State
04-25-2000 90079 042 ****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
358 KING ST OVIEDO FL 32765 US	P.O. BOX 150-516 ALTAMONT SPRINGS FL 32715-0516 US

2. Principal Place of Business	3. Mailing Address
190 E. Faith Terrace	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Maitland, Fl.	City & State
Zip: 32751 Country: USA	Zip Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCULLOUGH, JOSEPH P 643 BIRCH BLVD. ALTAMONTE SPRING FL 32701	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TV~~ ~~PRIEST, MARTINI~~ ~~1120 BEE LINE~~ ~~GENEVA FL~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TV RON HAWKINS 555 SEMINOLE WAY ~~Oviedo, Fl.~~ GENEVA, Fl. 32732	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TV ANDERSON, OTTO D 190 E. FAITH TERR MAITLAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TP MCCULLOUGH, JOSEPH P 643 BIRCH BLVD. ALTAMONTE SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STYNE, JENNIFER 643 BIRCH BLVD. ALTAMONTE SPINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~V~~ ~~MCCULLOUGH, MIKELANN~~ ~~643 BIRCH BLVD.~~ ~~ALTAMOTNE SPRINGS FL~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~T~~ ~~NYGUIST, CHUCK~~ ~~965 ROSE WALK CT~~ ~~ORLANDO FL 32825~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Joseph P. McCullough Joseph P. McCullough 3-16-00 407-265-8928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #