

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002548

1. Entity Name

CROSS MINISTRIES, INC.

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91725 020 ****61.25

00120731



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

190 E FAITH TERRACE
 MAITLAND FL 32751
 US

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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 | TV | <input type="checkbox"/> Delete |
| NAME | ANDERSON, OTTO D | |
| STREET ADDRESS | 190 E. FAITH TERR | |
| CITY-ST-ZIP | MAITLAND FL | |
| TITLE | TP | <input type="checkbox"/> Delete |
| NAME | MCCULLOUGH, JOSEPH P | |
| STREET ADDRESS | 643 BIRCH BLVD. | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | STYNE, JENNIFER | |
| STREET ADDRESS | 643 BIRCH BLVD. | |
| CITY-ST-ZIP | ALTAMONTE SPINGS FL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | FERGUSON, MICHAEL | |
| STREET ADDRESS | 895 SOUTH WYMORE ROAD #8970 | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)