



**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000002548 1. Entity Name CROSS MINISTRIES, INC.	
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Principal Place of Business 190 E FAITH TERRACE MAITLAND, FL 32751 US	Mailing Address 643 BIRCH BLVD ALTAMONTE SPRINGS, FL 32701 US
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DO NOT WRITE IN THIS SPACE



06302005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3301980	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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07/05/05-80029-015 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 6-30-05 407-331-4156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #