


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # N94000002548	
1. Entity Name CROSS MINISTRIES, INC.	

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



05012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3301980	Applied For <input type="checkbox"/> 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**

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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 restate) DATE _____

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000760400 05/25/07-80010-013 61.25
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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	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 May 1, 2007 407-331-4156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #