2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002548

Address:

City-St-Zip:

404 SOUTH STREET

FERN PARK, FL 32730

Apr 21, 2009 Secretary of State

Entity Name: CROSS MINISTRIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 190 E FAITH TERRACE MAITLAND, FL 32751 **Current Mailing Address: New Mailing Address:** 643 BIRCH BLVD ALTAMONTE SPRINGS, FL 32701 US FEI Number: 59-3301980 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCCULLOUGH, JOSEPH P 643 BIRCH BLVD. ALTAMONTE SPRING, FL 32701 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ANDERSON, OTTO D Name: Name: 190 E. FAITH TERR Address: Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MCCULLOUGH, JOSEPH P Name: Address: 643 BIRCH BLVD. Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: Title: () Delete Title: () Change () Addition STYNE, JENNIFER Name: Name: 643 BIRCH BLVD. Address: Address: City-St-Zip: ALTAMONTE SPINGS, FL 32701 City-St-Zip: Title: () Delete Title: () Change () Addition Name: FERGUSON, MICHAEL Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOSEPH P. MCCULLOUGH TP 04/21/2009