

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002548

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** CROSS MINISTRIES, INC.

**Current Principal Place of Business:**

190 E FAITH TERRACE  
MAITLAND, FL 32751 US

**New Principal Place of Business:**

**Current Mailing Address:**

643 BIRCH BLVD  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

**FEI Number:** 59-3301980

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

Title: TV  
Name: GREEN, JENNIFER D  
Address: 200 MAITLAND AVE.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TP  
Name: MCCULLOUGH, JOSEPH P  
Address: 643 BIRCH BLVD.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: T  
Name: FERGUSON, MICHAEL  
Address: 404 SOUTH ST.  
City-St-Zip: FERN PARK, FL 32730

Title: S  
Name: ANDERSON, OTTO  
Address: 190 E. FAITH TERR.  
City-St-Zip: MAITLAND, FL 32751

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH P. MCCULLOUGH

PRES

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date