## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS

- A LOCALITAT OF A LOCAL REPORT AND LOCAL REPORT AND A CONTRACT PROPERTY OF THE PARTY OF THE PAR

1996

SIGNATURE: X

DOCUMENT #

N95000000812 (6)

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Earle L. Theus, President

AT THE CROSS MINISTRIES INC.

Principal Place of Business Mailing Address				
S/O DAYD A XINSXAXIORDEX XAGKINGSBEYANEX XIPANGEKPARKXXXXXXXXX		DZDZDANUXXXXXINGXRXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
2 Dissipat D				3. Date incorporated or Qualified 3a. Date of Last Report 02/20/1995
	Place of Business Winfred Drive North	2a Mailing Address	ed Drive Nort	4. FEI Number X Applied Fo
Suite, Apt.		26 1443 WINITO	CO DIIVE NOIC	APPLIED FOR Not Applic
22	نند ہے ہے ہے جب جب شا شاہ ہے جب نہ شاہ انک شاہ ہے اس شاہ	27		5. Certificate of Status Desired \$8.75 Additional
City & Stat		City & State		6. Election Campaign Financing \$5.00 May 80
	ge Park, FL	28 Orange Parl	k, FL	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
z₀ ₂₄ 3207:	Country	<sup>Zip</sup> 32073	Country	8. This corporation has liability for intangible tax under s. 199.032,
3207.	3 25 U.S.A. 9. Name and Address of Current		30 U.S.A.	Florida Statutes ( Yes V No)
		Hogistored Agent	81 Name	10. Name and Address of New Registered Agent
KING, DAVID A  ***********************************			83 1416 84 City	cress (P.O. Box Number is Not Acceptable)  Chey at Law  Kingsley Avenue  ge Park  FL   85   Zip Code
SIGNATURE	red agent, or both, in the State of Florida fith, and accept the obligations of, Section Signature, typed or printed name of registered agent an			oration submits this statement for the purpose of changing its registered of ard of directors. I hereby accept the appointment as registered agent. I an
12.	OFFICERS AND		Registered Agent signature requirements 13.	
TITLE	D	DELETE		ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12  DP
NAME	THEUS, EARLE L		1.2 NAME	DP Change Addition
STREET ADDRESS	1443 WINFRED DR N		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073		1.4 CITY - ST - ZIP	
TITLE	D	DELETE	2 1 TITLE	☐ Change ☐ Additio
NAME STOCET ADDOCED	THEUS, MARTHA R		2 2 NAME	
STREET ADDRESS CITY-ST-ZIP	1443 WINFRED DR N		2.3 STREET ADDRESS	
TITLE	ORANGE PARK FL 32068 D	[]DELETE	2 4 CITY-ST-ZIP	
NAME	HENKE, RONALD K	Detter	31 TITLE	☐ Change ☐ Additio
STREET ADDRESS	2763 PRIMROSE CIR		3 2 NAME	•
CITY-ST-ZIP	MIDDLEBURG FL 32068		3.3 STREET ADDRESS 3.4. CHTY-ST-ZIP	
TITLE	D	DELETE	4 1 TITLE	
NAME	HENKE, GAIL L		4. 2 NAME	Change Addition
STREET ADDRESS	2763 PRIMROSE CIR		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL 32068		4.4 CITY-ST-ZIP	
ITLE		DELETE	5 1 TITLE	Change Addition
IAME			52 NAME	1 00 10 1 € 5 7 7 Pange Addition -06/04/96 -01154 -030
TREET ADDRESS			5 3 STREET ADDRESS	***70.00
CITY-ST-ZIP	~		5 4 CITY-ST-ZIP	***************************************
ITLE		DELETE	6.1 TITLE	Change Paddiog
IAME			62 NAME	
TREET ADDRESS			63 STREET ADDRESS	10
4. Ldo bereby	cortify that the infor-		6 4 CITY-ST-ZIP	
Oaut mari	the information incompation supplied with the information indicated on this annual am an officer or director of the corporation Block 12 or Block 13-if changed, or on a	on or final second selection	- 1	or the exemption stated in Section 119.07(3)(k), Florida Statujes. I further the and that my signature shall have the same legal effect as if made under s report as required by Chapter 617, Florida Statutes; and that my name