


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000004243 (8) 1. Corporation Name CROSSROAD MINISTRIES, INC.					
Principal Place of Business 5052 WHITE CLAY ROAD HAINES CITY FL 33844			Mailing Address 5052 WHITE CLAY ROAD HAINES CITY FL 33844		
2. Principal Place of Business 21 4300 Dundee Rd. Suite, Apt. #, etc. 22		2a. Mailing Address 26 P.O. Box 517 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 07/24/1997 4. FEI Number 59-3456187 Applied For Not Applicable	
23 City & State Winter Haven, FL 24 Zip 33884 25 Country USA		26 City & State Haines City, FL 27 Zip 33845 28 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent MURPHY, KAREN W 5052 WHITE CLAY ROAD HAINES CITY FL 33844			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) P.O. Box 517 4300 Dundee Rd. 83 City Winter Haven 84 State FL 85 Zip Code 33845		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE: <i>[Signature]</i> DATE: 6/5/98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
P&D MURPHY, KAREN W 5052 WHITE CLAY ROAD HAINES CITY FL 33844		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
VP&D MURPHY, GEORGE A 5052 WHITE CLAY ROAD HAINES CITY FL 33844		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
D GILES, CYNTHIA 924 HILLGROVE LANE AUBURNDALE FL 33823		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
D ROBINSON, MARY 1003 AQUA VISTA COURT HAINES CITY FL 33844		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
D ROBINSON, RANDY 1003 QUA VISTA COURT HAINES CITY FL 33844		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
D Secretary Treasurer WILKINSON, JOANNA 1909 PENINSULAR DR. HAINES CITY FL 33844		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*



CR2E037 (10/97)

4/28/98 (94) 376-9232