

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006176

FILED
Apr 26, 2009
Secretary of State

Entity Name: CROSSROADS CHRISTIAN MINISTRIES OF TAMPA BAY, INCORPORATED

Current Principal Place of Business:

5701 NORTH 20TH ST.
TAMPA, FL 33616

New Principal Place of Business:

Current Mailing Address:

5701 NORTH 20TH ST.
TAMPA, FL 33616

New Mailing Address:

FEI Number: 55-0829580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOGUILLES, RICARDO
4025 ANGEL OAK CT
UNIT #103
TAMPA, FL 33613 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: CD () Delete
Name: DOGUILLES, RICARDO
Address: 4025 ANGEL OAK CT UNIT #103
City-St-Zip: TAMPA, FL 33613

Title: SD () Delete
Name: TANG, SONIA
Address: 18306 GROVESIDE PL.
City-St-Zip: LUTZ, FL 33549

Title: TD () Delete
Name: ABALOS, MADELYN
Address: 11634 CREST CREEK DR.
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: BLAIR, JAY
Address: 1813 WELLAND DR.
City-St-Zip: CLEARWATER, FL 33757

Title: D () Delete
Name: NICDAO, ORLANDO
Address: 3781 67TH AVE. APT. B
City-St-Zip: PINELLAS PARK, FL 33781

Title: D () Delete
Name: TANG, LEONCIO
Address: 18306 GROVESIDE PL.
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MADELYN B. ABALOS

TD

04/26/2009

Electronic Signature of Signing Officer or Director

Date