2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N98000007016

Entity Name: CROSSROADS CALVARY CHAPEL, INC.

Current Principal Place of Business:

1805 N. US 1
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

1805 N. US 1
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3547258 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHARP, DAVID P
2 RIVER PLACE
PALM COAST, FL 32164 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:	P,D	( ) Delete
Name:	SHARP, DAVID P	
Address:	2 RIVER PLACE	
City-St-Zip:	PALM COAST, FL 32164	
Title:	D	( ) Delete
Name:	LAMPE, BRUCE	
Address:	18 WINCHESTER RD	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	D	( ) Delete
Name:	SANNICANDRO, MICHAEL	
Address:	20 AZALEA DRIVE	
City-St-Zip:	ORMOND BEACH, FL 32176	
Title:	D	(X) Delete
Name:	MATHENEY, NATHAN	
Address:	50 SEATON VALLEY PATH	
City-St-Zip:	PALM COAST, FL 32164	
Title:	D	( ) Delete
Name:	GOONEY, DANIEL	
Address:	305 CEDAR AVE.	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	

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
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: DAVID P. SHARP P,D 04/28/2009

Electronic Signature of Signing Officer or Director — Date