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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 14 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000007078

1. Corporation Name
Room At The Cross Outreach Ministries, Inc.

Principal Place of Business / Mailing Address
C/o Sharon Brown
PO Box 2818
Homosassa, FL 34447

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 6934 S Maxwell Pt	26 PO Box 2818	10/14/98
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-3572844 ☐ Applied For ☐ Not Applicable
23 City & State: Homosassa, FL	28 City & State: Homosassa Spgs FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
24 Zip: 34446 25 County: Citrus	29 Zip: 34447 30 County: Citrus	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
Sharon L. Brown
6934 S Maxwell Pt
Homosassa Springs, FL 34446

10. Name and Address of New Registered Agent
91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 Zip Code

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 Sharon L. Brown / President Sharon L Brown 9/19/99
Signature, typed or printed name of registered agent and title if applicable (Note: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	President	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Sharon L Brown		1.2 NAME	
STREET ADDRESS	6934 S. Maxwell Pt.		1.3 STREET ADDRESS	
CITY-ST-ZIP	Homosassa, FL 34446		1.4 CITY-ST-ZIP	
TITLE T	Treasurer	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Ara Dia Kalogeras		2.2 NAME	
STREET ADDRESS	5529 S. Shalimar Pt		2.3 STREET ADDRESS	
CITY-ST-ZIP	Homosassa, FL 34446		2.4 CITY-ST-ZIP	
TITLE T	Secretary	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Jeanette L. Riggs		3.2 NAME	
STREET ADDRESS	1392 N. Citrus Ave		3.3 STREET ADDRESS	
CITY-ST-ZIP	Crystal River, FL 34429		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	TS
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/96)

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, with all other like empowered.

SIGNATURE: Sharon L. Brown Sharon L Brown 9/19/99 (352) 628-6956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #