

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007078

FILED
Apr 27, 2009
Secretary of State

Entity Name: ROOM AT THE CROSS OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

6934 S MAXWELL PT
HOMOSASSA, FL 34446

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2818
HOMOSASSA SPGS, FL 34447

New Mailing Address:

FEI Number: 59-3572844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, SHARON L
6934 S MAXWELL POINT
HOMOSASSA, FL 34446 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: DP () Delete
Name: BROWN, SHARON L
Address: 6934 S MAXWELL PT.
City-St-Zip: HOMOSASSA, FL 34446

Title: T () Delete
Name: ANDERSON, DON
Address: PO BOX 913
City-St-Zip: INGLIS, FL 34449

Title: TS () Delete
Name: OLSON, LISA
Address: 8472 N OCOEE TERRACE
City-St-Zip: CRYSTAL RIVER, FL 34428

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:

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: SHARON L BROWN

DP

04/27/2009

Electronic Signature of Signing Officer or Director

Date