


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90423 044 ****61.25

DOCUMENT # N99000005649 1. Entity Name CROSSROADS MINISTRIES OF ORLANDO, INC.	
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Principal Place of Business 6837 LAKEVILLE ROAD ORLANDO, FL 32818	Mailing Address 6837 LAKEVILLE ROAD ORLANDO, FL 32818
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DO NOT WRITE IN THIS SPACE



04262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3096074	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BIRD, DOUGLAS H
6837 LAKEVILLE RD
ORLANDO, FL 32818**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIRD, DOUGLAS H 6837 LAKEVILLE RD ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROCK, STAN 6837 LAKEVILLE RD ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BIRD, MARTIN 28 SPRING HOLLOW BLVD APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **4-28-05** **407-880-9226**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #