

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32352

**Entity Name:** CROSSROADS MINISTRIES, INC.**Current Principal Place of Business:**C/O ROBISON R. HARRELL  
3 CLIFFORD DR.  
SHALIMAR, FL 32579-1250**Current Mailing Address:**C/O ROBISON R. HARRELL  
3 CLIFFORD DR.  
SHALIMAR, FL 32579-1250**FEI Number:** 59-2969972**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARRELL, ROBISON R  
3 CLIFFORD DRIVE  
SHALIMAR, FL 32579 US*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**Officer/Director Detail :**Title D  
Name FOLK, AMY E  
Address 504 23RD STREET  
City-State-Zip: NICEVILLE FL 32578Title VD  
Name HARRELL, LONNETTE E  
Address 39 MEIGS DR.  
City-State-Zip: SHALIMAR FL 32579Title TD  
Name GARICA, DAWN  
Address 235 HAPPY HOLW  
City-State-Zip: FREEPORT FL 32439Title D  
Name BELAVITZ, MARY A  
Address 106 ALABAMA AVENUE, NW  
City-State-Zip: FORT WALTON BEACH FL 32548Title PD  
Name HARRELL, ROBISON R  
Address 3 CLIFFORD DRIVE  
City-State-Zip: SHALIMAR FL 32579

*I hereby 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 all other like empowered.*

**SIGNATURE:** ROBISON R HARRELL

PD

04/13/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date