**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jul 22, 2018**
**Secretary of State**
**CC2363264972**

DOCUMENT# N98000007078

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

**Current Principal Place of Business:**

6934 S MAXWELL PT
HOMOSASSA, FL 34446

**Current Mailing Address:**

P.O. BOX 2818
HOMOSASSA SPGS, FL 34447

**FEI Number: 59-3572844**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROWN, SHARON L
6934 S MAXWELL POINT
HOMOSASSA, FL 34446 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 | DP | Title | T |
| Name | BROWN, SHARON L | Name | ANDERSON, DON |
| Address | 6934 S MAXWELL PT. | Address | PO BOX 913 |
| City-State-Zip: | HOMOSASSA FL 34446 | City-State-Zip: | INGLIS FL 34449 |

| | |
|---|---|
| Title | TS |
| Name | OLSON, LISA |
| Address | PO BOX 56701 |
| City-State-Zip: | SAINT PETERSBURG FL 33732 |

*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: LISA B OLSON TS 07/22/2018

Electronic Signature of Signing Officer/Director Detail — Date