

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90032 043 ****70.00

DOCUMENT # N02000007835
 1. Entity Name
CROSSOVER COMMUNITY CHURCH, INC.



Principal Place of Business Mailing Address
7809 NORTH ORLEANS AVENUE **7809 NORTH ORLEANS AVENUE**
TAMPA FL 33604 **TAMPA FL 33604**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
05-0535890 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
KYLLONEN, THOMAS
4623 DUNNIE DRIVE
TAMPA FL 33614

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEETZE, GORDON <input type="checkbox"/> Delete 405 BELLEVIEW AVE. TEMPLE TERRACE FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDP KYLLONEN, THOMAS <input type="checkbox"/> Delete 4623 DUNNIE DR. TAMPA FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KYLLONEN, LUZ <input type="checkbox"/> Delete 4623 DUNNIE DR. TAMPA FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD MCCUTCHEN, JOE <input type="checkbox"/> Delete 1543 HWY #148, STE. S-336 CONYERS GA 30013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD KYLLONEN, ELIZABETH <input checked="" type="checkbox"/> Delete 201 W. MONTOMERY ROAD, APT. 164 SAVANNAH GA 31406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BMD YALE, MICHAEL 10343 CHADBURN DRIVE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Melton G. Meetze* **Melton G. Meetze** **2/13/04** **813-988-1307**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #