

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000007835

1. Entity Name
 CROSSOVER COMMUNITY CHURCH, INC.



Principal Place of Business
 7809 NORTH ORLEANS AVENUE
 TAMPA, FL 33604

Mailing Address
 7809 NORTH ORLEANS AVENUE
 TAMPA, FL 33604



04102006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 05-0535890	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

KYLLONEN, THOMAS
 4623 DUNNIE DRIVE
 TAMPA, FL 33614

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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 _____

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	MEETZE, GORDON
STREET ADDRESS	405 BELLEVIEW AVE.
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	PDP
NAME	KYLLONEN, THOMAS
STREET ADDRESS	4623 DUNNIE DR.
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	SD
NAME	KYLLONEN, LUZ
STREET ADDRESS	4623 DUNNIE DR.
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	BMD
NAME	MCCUTCHEN, JOE
STREET ADDRESS	1543 HWY #148, STE. S-336
CITY-ST-ZIP	CONYERS, GA 30013
TITLE	BMD
NAME	YALE, MICHAEL
STREET ADDRESS	10343 CHADBOURNE DRIVE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	BMD
NAME	HOLDEN, DAVE
STREET ADDRESS	PO BOX 3939
CITY-ST-ZIP	CRESTLINE, CA 92325

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 04/26/06-80105-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 4/11/06 813-932-4527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #