


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



04262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 05-0535890	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEETZE, GORDON 405 BELLEVIEW AVE. TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDP KYLLONEN, THOMAS 4623 DUNNIE DR. TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KYLLONEN, LUZ 4823 DUNNIE DR. TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD MCCUTCHEN, JOE 1543 HWY #148, STE. S-336 CONYERS, GA 30013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD YALE, MICHAEL 10343 CHADBOURNE DRIVE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD HOLDEN, DAVE PO BOX 3939 CRESTLINE, CA 92325

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 05/17/07-80004-010 70.00

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* 4/26/07 813 4955759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #