

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007835

FILED
Apr 27, 2009
Secretary of State

Entity Name: CROSSOVER COMMUNITY CHURCH, INC.

Current Principal Place of Business:

7809 NORTH ORLEANS AVENUE
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

7809 NORTH ORLEANS AVENUE
TAMPA, FL 33604

New Mailing Address:

FEI Number: 05-0535890 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KYLLONEN, THOMAS
4623 DUNNIE DRIVE
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MEETZE, GORDON
Address: 405 BELLEVIEW AVE.
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: PDP () Delete
Name: KYLLONEN, THOMAS
Address: 4623 DUNNIE DR.
City-St-Zip: TAMPA, FL 33614

Title: SD () Delete
Name: KYLLONEN, LUZ
Address: 4623 DUNNIE DR.
City-St-Zip: TAMPA, FL 33614

Title: BMD () Delete
Name: MCCUTCHEN, JOE
Address: 1543 HWY #148, STE. S-336
City-St-Zip: CONYERS, GA 30013

Title: BMD () Delete
Name: YALE, MICHAEL
Address: 10343 CHADBOURNE DRIVE
City-St-Zip: TAMPA, FL 33624

Title: BMD () Delete
Name: HOLDEN, DAVE
Address: PO BOX 3939
City-St-Zip: CRESTLINE, CA 92325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS KYLLONEN

Electronic Signature of Signing Officer or Director

PDP

04/27/2009

_____ Date