

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90112 012 ****61.25

DOCUMENT # N21764

1. Entity Name

CROSSPOINT CHURCH OF SANTA ROSA BEACH, INC.

Principal Place of Business

Mailing Address

1477 HWY 393 SOUTH
 SANTA ROSA BEACH FL 32459

P.O. BOX 1193
 SANTA ROSA BEACH FL 32459-1193

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1564092

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAILEY, JEWELL
HWY C393 SOUTH
P O BOS 1193
SANTA ROSA BEACH FL 32459

Name **DAVID - ONUFFER**

Street Address (P.O. Box Number is Not Acceptable)

178 MALLET BAYOU RD.

City **FREEPORT FL.**

FL

Zip Code **32439**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **T ONUFFER, DAVID**
 STREET ADDRESS **178 MALLET BAYOU**
 CITY-ST-ZIP **FREEPORT FL 32439**

TITLE Change Addition
 NAME **TS ONUFFER, DAVID**
 STREET ADDRESS **178 MALLET BAYOU**
 CITY-ST-ZIP **FREEPORT, FL 32439**

TITLE Delete
 NAME **TE WOLFE, FRED**
 STREET ADDRESS **8053 W BAYTOWNE AVE**
 CITY-ST-ZIP **DESTIN FL 32540**

TITLE Change Addition
 NAME **TC TERREL, JAMES**
 STREET ADDRESS **65 DUFFY LANE**
 CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE Delete
 NAME **T DUNGAN, LYNETTE**
 STREET ADDRESS **41 BRAMBLE STREET**
 CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)