


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90307 013 ****61.25

DOCUMENT # N21764					
1. Entity Name CROSSPOINT CHURCH OF SANTA ROSA BEACH, INC.					
Principal Place of Business 1477 HWY 393 SOUTH SANTA ROSA BEACH, FL 32459		Mailing Address P.O. BOX 1193 SANTA ROSA BEACH, FL 32459			
2. Principal Place of Business		3. Mailing Address 1477 So. Co. Hwy 393			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Santa Rosa Beach, FL		4. FEI Number 59-1564092	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent HATHCOAT, VICTOR 223 REDFISH CIR SANTA ROSA BEACH, FL 32459			7. Name and Address of New Registered Agent Name Victor Hathcoat Street Address (P.O. Box Number is Not Acceptable) 189 Fairway Dr. City Santa Rosa Beach FL Zip Code 32459		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TC SPECHT, MATTHEW 504 MUSSETT BAYOU ROAD SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TC Terry Kendall 416 Shelter Cove Drive Santa Rosa Beach, FL 32459	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	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: <u>Terry Kendall</u>			Date: <u>4/23/05</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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04192005 Chg-NP CR2E037 (10/03)