

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007835

Entity Name: CROSSOVER COMMUNITY CHURCH, INC.

Current Principal Place of Business:

8870 N HIMES AVE
SUITE 654
TAMPA, FL 33614

Current Mailing Address:

8870 N HIMES AVE
SUITE 654
TAMPA, FL 33614

FEI Number: 05-0535890

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KYLLONEN, THOMAS
8870 N HIMES AVE
SUITE 654
TAMPA, FL 33614 US

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

Officer/Director Detail :

Title TD
Name MEETZE, GORDON
Address 405 BELLEVIEW AVE.
City-State-Zip: TEMPLE TERRACE FL 33617

Title PDP
Name KYLLONEN, THOMAS
Address 11301 DAREWOOD PLACE
City-State-Zip: TAMPA FL 33624

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

Title BMD
Name GRAY, DERWIN SR.
Address 9030 NORTHFIELD DRIVE, ST. A
City-State-Zip: INDIAN LAND SC 29707

Title BMD
Name DUMAS, GREG
Address 10130 TUSCANY RIDGE DRIVE
City-State-Zip: TAMPA FL 33619

Title BMD
Name ALTMAN, CRAIG
Address 5101 VAN DYKE ROAD
City-State-Zip: LUTZ FL 33558

I hereby 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 all other like empowered.

SIGNATURE: THOMAS KYLLONEN

PASTOR

01/30/2013

Electronic Signature of Signing Officer/Director Detail

Date