

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000007835

**FILED**  
**Feb 05, 2016**  
**Secretary of State**  
**CC3679818394**

**Entity Name:** CROSSOVER COMMUNITY CHURCH, INC.

**Current Principal Place of Business:**

1235 E. FOWLER AVENUE  
TAMPA, FL 33612

**Current Mailing Address:**

1235 E. FOWLER AVENUE  
TAMPA, FL 33612 US

**FEI Number: 05-0535890**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KYLLONEN, THOMAS  
1235 E. FOWLER AVENUE  
TAMPA, FL 33612 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**

**LEAD PASTOR**

**02/05/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date