## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007835

Entity Name: CROSSOVER COMMUNITY CHURCH, INC.

FILED
Jan 16, 2014
Secretary of State
CC7869708297

## **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: No

## 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 Title PDP

NameMEETZE, GORDONNameKYLLONEN, THOMASAddress405 BELLEVIEW AVE.Address11301 DAREWOOD PLACE

City-State-Zip: TEMPLE TERRACE FL 33617 City-State-Zip: TAMPA FL 33624

Title BMD Title BMD

Name MCCUTCHEN, JOE Name GRAY, DERWIN SR.

Address 1543 HWY #148, STE. S-336 Address 9030 NORTHFIELD DRIVE, ST. A

City-State-Zip: CONYERS GA 30013 City-State-Zip: INDIAN LAND SC 29707

Title BMD Title BMD

Name DUMAS, GREG Name ALTMAN, CRAIG

Address 10130 TUSCANY RIDGE DRIVE Address 5101 VAN DYKE ROAD

City-State-Zip: TAMPA FL 33619 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

**OFFICER** 

01/16/2014