

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007333

**FILED**  
**Jan 31, 2018**  
**Secretary of State**  
**CC0415394953**

**Entity Name:** CROSSPOINT CHRISTIAN CHURCH OF CAPE CORAL, INC.

**Current Principal Place of Business:**

204 SW 11TH PLACE  
CAPE CORAL, FL 33991

**Current Mailing Address:**

204 SW 11TH PLACE  
CAPE CORAL, FL 33991

**FEI Number: 20-3047529**

**Certificate of Status Desired: No**

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

SWEARINGEN, JEFFREY R  
1403 SE 21ST AVE.  
CAPE CORAL, FL 33990 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 D  
Name SWEARINGEN, JEFFREY R  
Address 1403 SE 21ST AVE.  
City-State-Zip: CAPE CORAL FL 33990

Title D  
Name AVERA, BRENT  
Address 1419 SE 43RD TERRACE  
City-State-Zip: CAPE CORAL FL 33904

Title D  
Name EDWARD, KENNETH  
Address 4134 SW 21ST PLACE  
City-State-Zip: CAPE CORAL FL 33914

Title DIRECTOR  
Name DAVIS, RICHARD  
Address 2651 AMBER LAKE DRIVE  
City-State-Zip: CAPE CORAL FL 33909

*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: JEFFREY R SWEARINGEN**

**DIRECTOR OF  
COMMUNICATION &  
ADMINISTRATION**

**01/31/2018**

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

\_\_\_\_\_  
Date