

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000010612

**Entity Name:** CROSSPOINT CHURCH OF SPRING HILL, INC.**Current Principal Place of Business:**13470 CHAMBORD STREET  
BROOKSVILLE, FL 34613**Current Mailing Address:**13470 CHAMBORD STREET  
BROOKSVILLE, FL 34613**FEI Number:** 20-3629562**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CASTELLI, PAUL M  
22281 SKYVIEW CIR  
BROOKSVILLE, FL 34602 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:** PAUL M CASTELLI

03/12/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CASTELLI, PAUL M  
Address        22281 SKYVIEW CIR  
City-State-Zip: BROOKSVILLE FL 34602

Title            VP  
Name            LOCKE, CHERYL  
Address        2379 DUBOIS AVE  
City-State-Zip: SPRING HILL FL 34609

Title            TREASURER  
Name            BAILEY, TRACY  
Address        1020 GODFREY AVE  
City-State-Zip: SPRING HILL FL 34609

Title            OFFICER  
Name            BROWN, JOSEPH  
Address        10125 NODDY TERN RD  
City-State-Zip: WEEKI WACHEE FL 34613

Title            OFFICER  
Name            HOFMEISTER, JOSEPH  
Address        9095 MANCHESTER ST  
City-State-Zip: SPRING HILL FL 34606

Title            OFFICER  
Name            CROMWELL, CHRIS  
Address        10259 FULTON AVE  
City-State-Zip: WEEKI WACHEE FL 34613

*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:** CHERYL LOCKE

VP

03/12/2019

Electronic Signature of Signing Officer/Director Detail

Date