

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003948

**Entity Name:** CROSSTOWN CHRISTIAN ASSEMBLY, INC.

**Current Principal Place of Business:**

2034 FICUS ST.  
MASCOTTE, FL 34753

**Current Mailing Address:**

P O BOX 120091  
CLERMONT, FL 34712

**FEI Number: 90-0065130**

**Certificate of Status Desired: No**

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

MOSES, NICHOLE  
2034 FICUS ST.  
MASCOTTE, FL 34753 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            VP  
Name            MOSES, NICHOLE L  
Address        2034 FICUS ST.  
City-State-Zip: MASCOTTE FL 34753

Title            SD  
Name            LEWIS, SYDNEY MS.  
Address        1958 N. STEWART ST.  
City-State-Zip: KISSIMMEE FL 34746

Title            TD  
Name            POLEN, CHARLES SR.  
Address        14426 GREATER PINES BLVD.  
City-State-Zip: CLERMONT FL 34711

Title            P  
Name            MOSES, RUTHENIA L  
Address        12425 HAMMOCK POINTE  
City-State-Zip: CLERMONT FL 34711

*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: NICHOLE L. MOSES**

**VP**

**04/09/2023**

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

\_\_\_\_\_  
Date