

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003948

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

**Current Principal Place of Business:**

1140 STONEHAM DR.  
GROVELAND, FL 34736

**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  
1140 STONEHAM DR.  
GROVELAND, FL 34736 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 1140 STONEHAM DR.  
City-State-Zip: GROVELAND FL 34736

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 MOSES

**REGISTERED AGENT**

**04/09/2021**

Electronic Signature of Signing Officer/Director Detail

Date