

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

DOCUMENT# N22000012655

**Entity Name:** CROSSPOINT METHODIST CHURCH, INC.

**Current Principal Place of Business:**

214 PARTIN DR S  
NICEVILLE, FL 32578

**Current Mailing Address:**

214 PARTIN DR S  
NICEVILLE, FL 32578 US

**FEI Number:** 92-2037211

**Certificate of Status Desired:** No

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

PEARSON, BLANE  
2781 WILLOW BEND CT  
CRESTVIEW, FL 32539 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 P  
Name HUFF, BRANDON  
Address 433 EVANS RD  
City-State-Zip: NICEVILLE FL 32578

Title VPD  
Name WISE, LANDON  
Address 6037 STERLING RIVER WAY  
City-State-Zip: NICEVILLE FL 32578

Title S  
Name NETTERVILLE, LYNDA  
Address 4326 HIDDEN LAKES DR E  
City-State-Zip: NICEVILLE FL 32578

Title D  
Name HASTY, GREG  
Address 31 POQUITO RD  
City-State-Zip: VALPARAISO FL 32580

Title D  
Name RIEDEL, SUSAN  
Address 422 LILAC CT  
City-State-Zip: NICEVILLE FL 32578

Title D  
Name MCELROY, BOBBY  
Address 5509 ANSLEY DR  
City-State-Zip: NICEVILLE FL 32578

Title D  
Name WIHELM, KATHY  
Address 5981 OLD BETHEL RD  
City-State-Zip: CRESTVIEW FL 32536

Title D  
Name WATTS, EDWIN  
Address 107 POQUITO RD  
City-State-Zip: SHALIMAR FL 32579

**Continues on page 2**

*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:** BLANE PEARSON

**TREASURER**

**03/21/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name O'NEIL, JOE  
Address 5845 SARATOGA DR  
City-State-Zip: CRESTVIEW FL 32536

Title TREASURER  
Name PEARSON, BLANE  
Address 214 PARTIN DR S  
City-State-Zip: NICEVILLE FL 32578