

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24110

Entity Name: CROSSPOINTE CHRISTIAN CHURCH, INC.**Current Principal Place of Business:**3530 WHITFIELD AVE
SARASOTA, FL 34243**Current Mailing Address:**3530 WHITFIELD AVE
SARASOTA, FL 34243 US**FEI Number:** 65-0021958**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEAVER, JEFFREY P. PASTOR
3530 WHITFIELD AVE
SARASOTA, FL 34243 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 BAHLER, STEPHEN
Address 6222 ROCK CREEK CIRCLE
City-State-Zip: ELLENTON FL 34222

Title D
Name BRYAN, DAVID PASTOR
Address 3530 WHITFIELD AVE
City-State-Zip: SARASOTA FL 34243

Title C
Name WEAVER, JEFFREY P PASTOR
Address 3530 WHITFIELD AVE
City-State-Zip: SARASOTA FL 34243

Title TREASURER
Name TUCKER, EDNA D
Address 5595 BENT OAK DRIVE
City-State-Zip: SRASOTIA FL 34232

Title P
Name WILKES, RONALD L.
Address 4308 85TH AVE CIR E
City-State-Zip: PARRISH FL 34219

Title VP
Name HOHMANN, JOHN
Address 1734 10TH WAY
City-State-Zip: SARASOTA FL 34236

Title S
Name ROGERS, BRYAN F.
Address 4751 TRAVINI CIR
UNIT 202
City-State-Zip: SARASOTA FL 34235

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: EDNA D TUCKER**TREASURER****02/16/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date