

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90054 001 \*\*\*\*61.25

**DOCUMENT # 714986**

1. Entity Name  
**CROSSPOINTE BAPTIST CHURCH, INC.**



Principal Place of Business  
1225 US HWY 19 N  
CLEARWATER, FL 33764 US

Mailing Address  
1225 US HWY 19 N  
CLEARWATER, FL 33764 US

40021650



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-1204151

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARRIS, EVERETT R.  
8790-58 LANE NORTH  
PINELLAS PARK, FL 33781

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD  
NAME FARMS, JONATHAN D ☐ Delete  
STREET ADDRESS 9922 56TH WAY N  
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE VD ☒ Change ☐ Addition  
NAME Farris, Jonathan D.  
STREET ADDRESS 9922 56th Way N.  
CITY-ST-ZIP Pinellas Park, FL 33782

TITLE PD ☐ Delete  
NAME FARRIS, EVERETT, R  
STREET ADDRESS 8790 - 58TH LANE NORTH  
CITY-ST-ZIP PINELLAS PARK, FL

TITLE AND ☐ Change ☒ Addition  
NAME ROSE SMITLEY  
STREET ADDRESS 6950 LAYFAYETTE DR.  
CITY-ST-ZIP Pinellas Park, FL. 33781

TITLE TD ☒ Delete  
NAME HOLTSCRAW, JOHN J  
STREET ADDRESS 610 25TH AVE N  
CITY-ST-ZIP SAINT PETERSBURG, FL 33704

TITLE TD ☐ Change ☒ Addition  
NAME Timothy James Kelley  
STREET ADDRESS 4781 30TH AVE N  
CITY-ST-ZIP St Petersburg, FL. 33710

TITLE SD ☐ Delete  
NAME RICE, MICHAEL J  
STREET ADDRESS 13510 CORAL WAY  
CITY-ST-ZIP LARGO, FL 33710

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07

Date

Daytime Phone #