


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1204151	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee Is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FARRIS, JONATHAN D 9922 56TH WAY N PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARRIS, EVERETT, R 8790 - 58TH LANE NORTH PINELLAS PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICE, MICHAEL J 13510 CORAL WAY LARGO, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVD SMIRLEY, ROSE 6950 LAYFAYETTE DR PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KELLEY, TIMOTHY J 6781 30TH AVE SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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UN00000802465
 02/01/08-80060-014 61.25

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: Jon Farris Jon Farris 1/16/08 (727) 546-7196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #