

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714986

FILED
Mar 08, 2009
Secretary of State

Entity Name: CROSSPOINTE BAPTIST CHURCH, INC.

Current Principal Place of Business:

1225 US HWY 19 N
CLEARWATER, FL 33764 US

New Principal Place of Business:

Current Mailing Address:

1225 US HWY 19 N
CLEARWATER, FL 33764 US

New Mailing Address:

FEI Number: 59-1204151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: FARRIS, JONATHAN D
Address: 9922 56TH WAY N
City-St-Zip: PINELLAS PARK, FL 33782

Title: PD () Delete
Name: FARRIS, EVERETT, R,
Address: 8790 - 58TH LANE NORTH
City-St-Zip: PINELLAS PARK, FL

Title: SD () Delete
Name: RICE, MICHAEL J
Address: 13510 CORAL WAY
City-St-Zip: LARGO, FL 33710

Title: AVD () Delete
Name: SMIRLEY, ROSE
Address: 6950 LAYFAYETTE DR
City-St-Zip: PINELLAS PARK, FL 33781

Title: TD (X) Delete
Name: KELLEY, TIMOTHY J
Address: 6781 30TH AVE
City-St-Zip: SAINT PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VDT (X) Change () Addition
Name: FARRIS, JONATHAN D
Address: 9922 56TH WAY N
City-St-Zip: PINELLAS PARK, FL 33782

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AVD (X) Change () Addition
Name: SMITLEY, ROSE
Address: 6950 LAYFAYETTE DR
City-St-Zip: PINELLAS PARK, FL 33781

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JON FARRIS

VP

03/08/2009

Electronic Signature of Signing Officer or Director

Date