2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007
Secretary of State

DOCUMENT# 734244

Entity Name: CROSSPOINTE FELLOWSHIP, INC.

Current Principal Place of Business:

8605 GULF DRIVE
ANNA MARIA, FL 34216 US

New Principal Place of Business:

8605 GULF DRIVE
HOLMES BEACH, FL 34217 US

Current Mailing Address:

PO BOX 458
ANNA MARIA, FL 34216 US

New Mailing Address:

8605 GULF DRIVE
HOLMES BEACH, FL 34216 US

FEI Number: 59-1271100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOBBITT, IRV
317 MAGNOLIA
ANNA MARIA, FL 34216 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: VPD ( ) Delete
Name: BOBBITT, IRV
Address: 317 MAGNOLIA
City-St-Zip: ANNA MARIA, FL 34216

Title: PD ( ) Delete
Name: RAY, JACK
Address: 4184 66TH ST CIRCLE WEST
City-St-Zip: BRADENTON, FL 34209

Title: SD ( ) Delete
Name: JONES, CARL
Address: 2603 29TH AVE. W
City-St-Zip: BRADENTON, FL 34205

Title: TD ( ) Delete
Name: HUSBANDS, JIM
Address: 7617 4TH AVENUE WEST
City-St-Zip: BRADENTON, FL 34209

Title: D ( ) Delete
Name: SCHULTZ, EDWARD
Address: 302 TARPON ST
City-St-Zip: ANNA MARIA, FL 34216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: IRV BOBBITT VPD 03/27/2007
Electronic Signature of Signing Officer or Director Date