

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734244

FILED
Apr 09, 2009
Secretary of State

Entity Name: CROSSPOINTE FELLOWSHIP, INC.

Current Principal Place of Business:

8605 GULF DRIVE
HOLMES BEACH, FL 34217 US

New Principal Place of Business:

Current Mailing Address:

8605 GULF DRIVE
HOLMES BEACH, FL 34216 US

New Mailing Address:

8605 GULF DRIVE
HOLMES BEACH, FL 34217 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 (X) 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: PD (X) Change () Addition
Name: WARFEL, J. RALPH
Address: 308 55TH STREET
City-St-Zip: HOLMES BEACH, FL 34217

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

Title: TD (X) Change () Addition
Name: SCHULTZ, EDWARD
Address: 302 TARPON STREET
City-St-Zip: ANNA MARIA, FL 34216

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: J. RALPH WARFEL

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date