

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734244

**FILED**  
**Jan 11, 2012**  
**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 34217 US

**New Mailing Address:**

**FEI Number:** 59-1271100

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WARFEL, SANDI  
308 55TH ST  
HOLMES BEACH, FL 34217 US

**Name and Address of New Registered Agent:**

FLETCHER, CYNTHIA  
408 BAY PALMS DR  
HOLMES BEACH, FL 34217 US

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: CYNTHIA FLETCHER

01/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: PD  
Name: WARFEL, J. RALPH  
Address: 308 55TH STREET  
City-St-Zip: HOLMES BEACH, FL 34217

Title: TSD  
Name: FLETCHER, CINDY  
Address: 408 BAY PALMS DR  
City-St-Zip: HOLMES BEACH, FL 34217

I hereby 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 all other like empowered.

SIGNATURE: CYNTHIA FLETCHER

ST

01/11/2012

Electronic Signature of Signing Officer or Director

Date