

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007125

1. Entity Name

CROSSPOINT CHURCH, INC.

Principal Place of Business

12280 AUTUMNBROOK TRAIL W  
JACKSONVILLE FL 32058

Mailing Address

12280 AUTUMNBROOK TRAIL W  
JACKSONVILLE FL 32058

2. Principal Place of Business

4028 Turnberry Ct.

3. Mailing Address

4028 Turnberry Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

Country

32225 USA

Zip

Country

32225 USA

4. FEI Number

59-3694293

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRATTON, RICHARD H  
12280 AUTUMNBROOK TRAIL W  
JACKSONVILLE FL 32058

7. Name and Address of New Registered Agent

Name

Bennett, Walter

Street Address (P.O. Box Number is Not Acceptable)

4028 Turnberry Court

City

Jacksonville

FL

Zip Code

32225

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	NAME	BRATTON, RICHARD H	STREET ADDRESS	12280 AUTUMNBROOK TRAIL W	CITY-ST-ZIP	JACKSONVILLE FL 32058	<input checked="" type="checkbox"/> Delete
TITLE	VD	NAME	WEEKS, RONALD W SR	STREET ADDRESS	204 RIVER PLANTATION RD S	CITY-ST-ZIP	ST AUGUSTINE FL 32092	<input type="checkbox"/> Delete
TITLE	STD	NAME	ANDERSON, MICHAEL A SR	STREET ADDRESS	3075 JOE ASHTON RD LOT K	CITY-ST-ZIP	ST AUGUSTINE FL 32092	<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE	PD	NAME	Bennett, Walter	STREET ADDRESS	4028 Turnberry Ct.	CITY-ST-ZIP	Jacksonville, FL 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/02

904-826-3415

FILED  
Jun 02, 2002 8:00 am  
Secretary of State

06-02-2002 90908 003 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)