

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007125

Entity Name: CROSSPOINT CHURCH, INC.

FILED  
Aug 30, 2004  
Secretary of State

## Current Principal Place of Business:

5645 STATE RD 16  
SAINT AUGUSTINE, FL 32092

## New Principal Place of Business:

1032 ARDMORE STREET  
SAINT AUGUSTINE, FL 32092

## Current Mailing Address:

5645 STATE RD 16  
SAINT AUGUSTINE, FL 32092

## New Mailing Address:

1032 ARDMORE STREET  
SAINT AUGUSTINE, FL 32092

FEI Number: 59-3694293

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEWIS, MICHAEL  
5645 WOLF CREEK DR  
JACKSONVILLE, FL 32222 US

## Name and Address of New Registered Agent:

LEWIS, MICHAEL  
5950 A1A SOUTH  
SAINT AUGUSTINE, FL 32080 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:

08/30/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: WEEKS, RONALD W SR  
Address: 204 RIVER PLANTATION RD S  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: STD ( ) Delete  
Name: SMITH, AD  
Address: 4366 RUES LANDING RD  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: PD ( ) Delete  
Name: LEWIS, MICHAEL  
Address: 5645 WOLF CREEK DR  
City-St-Zip: JACKSONVILLE, FL 32222

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change ( ) Addition  
Name: PETERMAN, DAVID  
Address: 1032 ARDMORE STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: PD (X) Change ( ) Addition  
Name: LEWIS, MICHAEL  
Address: 5950 A1A SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID PETERMAN

STD

08/30/2004

Electronic Signature of Signing Officer or Director

Date