

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90050 030 ****61.25

DOCUMENT # N00000007125

1. Entity Name
CROSSPOINT CHURCH, INC.



Principal Place of Business

**4028 TURN BERRY CT
JACKSONVILLE FL 32225**

Mailing Address

**4028 TURN BERRY CT
JACKSONVILLE FL 32225**

2. Principal Place of Business

5645 State Rd 16

3. Mailing Address

5645 State Rd 16

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine FL

City & State

St. Augustine FL

Zip

32092

Country

Zip

32092

Country

4. FEI Number **59-3694293**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BRATTON, RICHARD H
4028 TURN BERRY CT
JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

Name **Michael Lewis**

Street Address (P.O. Box Number is Not Acceptable)
5645 WOLF CREEK DR

City **JACKSONVILLE**

FL

Zip Code
32222

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

9/5/03

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
NAME **WEEKS, RONALD W SR**
STREET ADDRESS **204 RIVER PLANTATION RD S**
CITY-ST-ZIP **ST AUGUSTINE FL 32092**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☒ Delete
NAME **ANDERSON, MICHAEL A SR**
STREET ADDRESS **3075 JOE ASHTON RD LOT K**
CITY-ST-ZIP **ST AUGUSTINE FL 32092**

TITLE **STD** ☐ Change ☒ Addition
NAME **SMITH, A.D.**
STREET ADDRESS **4366 RUES LANDING RD.**
CITY-ST-ZIP **ST AUGUSTINE FL 32092**

TITLE **PD** ☒ Delete
NAME **BENNETT, WALTER**
STREET ADDRESS **4028 TURN BERRY CT**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **PD** ☐ Change ☒ Addition
NAME **LEWIS, MICHAEL**
STREET ADDRESS **5645 WOLF CREEK DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32222**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

8-31-2003 904-940-0091

CR2E037 (4/03)