

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000007835**

1. Entity Name  
**CROSSOVER COMMUNITY CHURCH, INC.**



Principal Place of Business  
**7809 NORTH ORLEANS AVENUE  
TAMPA, FL 33604**

Mailing Address  
**7809 NORTH ORLEANS AVENUE  
TAMPA, FL 33604**



04262007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**05-0535890**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KYLLONEN, THOMAS  
4623 DUNNIE DRIVE  
TAMPA, FL 33614**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
MEETZE, GORDON  
405 BELLEVIEW AVE.  
TEMPLE TERRACE, FL 33617**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PDP  
KYLONEN, THOMAS  
4623 DUNNIE DR.  
TAMPA, FL 33614**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
KYLONEN, LUZ  
4623 DUNNIE DR.  
TAMPA, FL 33614**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BMD  
MCCUTCHEN, JOE  
1543 HWY #148, STE. S-336  
CONYERS, GA 30013**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BMD  
YALE, MICHAEL  
10343 CHADBOURNE DRIVE  
TAMPA, FL 33624**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BMD  
HOLDEN, DAVE  
PO BOX 3939  
CRESTLINE, CA 92325**

**DO NOT WRITE  
IN THIS SPACE**

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05/17/07-80004-010 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Melton G Meetze* **MELTON G MEETZE**

Date

Daytime Phone #

*4/26/07* **4/26/07** *813 495-5759* **813 495-5759**