

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007835

FILED  
Feb 16, 2011  
Secretary of State

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

**Current Principal Place of Business:**

8870 N HIMES AVE  
SUITE 654  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

8870 N HIMES AVE  
SUITE 654  
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number:** 05-0535890

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KYLLONEN, THOMAS  
4623 DUNNIE DRIVE  
TAMPA, FL 33614 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: MEETZE, GORDON  
Address: 405 BELLEVIEW AVE.  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: PDP  
Name: KYLLONEN, THOMAS  
Address: 4623 DUNNIE DR.  
City-St-Zip: TAMPA, FL 33614

Title: SD  
Name: KYLLONEN, LUZ  
Address: 4623 DUNNIE DR.  
City-St-Zip: TAMPA, FL 33614

Title: BMD  
Name: MCCUTCHEN, JOE  
Address: 1543 HWY #148, STE. S-336  
City-St-Zip: CONYERS, GA 30013

Title: BMD  
Name: PERLAZA, LILIANA  
Address: 7908 DOWN ROYAL RD  
City-St-Zip: TAMPA, FL 33610

Title: BMD  
Name: HOLDEN, DAVE  
Address: PO BOX 3939  
City-St-Zip: CRESTLINE, CA 92325

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: LUZ KYLLONEN

SD

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date