2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2012
Secretary of State

DOCUMENT# N02000007835

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 01/11/2012

Electronic Signature of Signing Officer or Director — Date