

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010169

FILED
Jun 10, 2005
Secretary of State

Entity Name: CROSSWINDS COMMUNITY CHURCH, INC.

Current Principal Place of Business:

PO BOX 881882
PORT ST. LUCIE, FL 349881882 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 881882
PORT ST. LUCIE, FL 349881882 US

New Mailing Address:

FEI Number: 41-2138136 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KLAUS, STEPHEN R
2837 SW GIRALDA ST.
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

KLAUS, STEPHEN R
10580 SW WATERWAY LANE
PORT ST. LUCIE, FL 34987 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: _____

Electronic Signature of Registered Agent

06/10/2005

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KLAUS, STEPHEN R PASTOR
Address: 2837 SW GIRALDA ST.
City-St-Zip: PORT ST. LUCIE, FL 34953 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KLAUS, STEPHEN R PASTOR
Address: 10580 SW WATERWAY LANE
City-St-Zip: PORT ST. LUCIE, FL 34987 US

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: STEPHEN R. KLAUS

D

06/10/2005

Electronic Signature of Signing Officer or Director

Date