2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# N03000011037

Entity Name: CROSSWINDS CHURCH, INC.

Current Principal Place of Business:

2927 APACHE AVE
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

2927 APACHE AVE
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 20-0545846 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRAVIS, ADRIAN
2927 APACHE AVENUE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

TRAVIS, ADRIAN P DR
2927 APACHE AVENUE
JACKSONVILLE, FL 32210 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: DR ADRIAN P TRAVIS 01/17/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TRAVIS, ADRIAN
Address: P O BOX 7 2927 APACHE AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD ( ) Delete
Name: TOERPE, ROBERT
Address: 9770 LEAHY RD
City-St-Zip: JACKSONVILLE, FL 32246

Title: TD ( ) Delete
Name: BENNETT, MARYLENA
Address: 2127 ANTILLES CT
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: TRAVIS, ADRIAN P DR
Address: P O BOX 7 2927 APACHE AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ADRIAN P TRAVIS DR 01/17/2009
Electronic Signature of Signing Officer or Director Date