2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# N05000000176

Entity Name: CROSS POINTE CHURCH OCALA, INC.

Current Principal Place of Business:

3300 SW 34TH AVE
SUITE 140
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

3300 SW 34TH AVE
SUITE 140
OCALA, FL 34474

New Mailing Address:

FEI Number: 20-1727902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TROVILLO, PHIL
3550 SE 25TH AVE
OCALA, FL 34471 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: D ( ) Delete
Name: GRAVES, MICKEY
Address: 1824 SE 36TH PL
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete
Name: OLIVER, MARK
Address: 1701 SE 91ST PL
City-St-Zip: OCALA, FL 34489

Title: D ( ) Delete
Name: HENSON, HANS
Address: 5320 SE 44TH CR
City-St-Zip: OCALA, FL 34480

Title: D ( ) Delete
Name: MIROS, STEVE
Address: 1825 SE 85TH ST RD
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GRAVES, MILTON L
Address: 1824 SE 36TH PL
City-St-Zip: OCALA, FL 34471

Title: D (X) Change ( ) Addition
Name: WOLF, JOHN
Address: 2214 SE 24TH AVENUE
City-St-Zip: OCALA, FL 34471

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 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: GRAVES, MILTON L. D 01/10/2007

Electronic Signature of Signing Officer or Director — Date