

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000176

FILED  
Feb 05, 2008  
Secretary of State

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, MILTON L  
Address: 1824 SE 36TH PL  
City-St-Zip: OCALA, FL 34471

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

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: 2917 SE 27TH AVENUE  
City-St-Zip: OCALA, FL 34471

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

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: MILTON L GRAVES

D

02/05/2008

Electronic Signature of Signing Officer or Director

Date