2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004831

MOORE, WAYLON B DR.

TAMPA, FL 33603

906 W CANDLEWOOD AVE

Name:

Address:

City-St-Zip:

FILED Mar 14, 2007 Secretary of State

Entity Name: CROSSPOINTE CHURCH OF PASCO, INC. **Current Principal Place of Business: New Principal Place of Business:** 27137 FOAMFLOWER BLVD WESLEY CHAPEL, FL 33544 **Current Mailing Address: New Mailing Address:** 27137 FOAMFLOWER BLVD WESLEY CHAPEL, FL 33544 FEI Number: 20-0098156 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROGERS, JR., ROBERT C ESQUIRE DICKERSON LAW FIRM, P.A. 2020 W BRANDON BLVD STE 206 BRANDON, FL 33511 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 Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MOORE, BRUCE Name: Name: 27137 FOAMFLOWER BLVD Address: Address: City-St-Zip: WESLEY CHAPEL, FL 33544 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: WILLIAMS, PAUL Name: CROSS, JOHN DR. Address: 5135 LAKEWOOD DR BLVD Address: 13000 TAMIAMI TRAIL City-St-Zip: DADE CITY, FL 33523 City-St-Zip: NORTH PORT, FL 34287 Title: (X) Delete Title: () Change () Addition GREINER, CLAUDE Name: Name: 17415 HEATHER OAKS PL Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BRUCE MOORE DIR 03/14/2007