

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 09, 2009
Secretary of State

DOCUMENT# N05000009168

Entity Name: THE CROSSING CHURCH OF SOUTH LAKE, INC.**Current Principal Place of Business:**12248 LAKE VALLEY DR.
CLERMONT, FL 34711 US**New Principal Place of Business:****Current Mailing Address:**P. O. BOX 121688
CLERMONT, FL 34712 US**New Mailing Address:****FEI Number:** 41-2182873**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ANDERSON, KENDAL D
12248 LAKE VALLEY DR.
CLERMONT, FL 34711 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:** P () Delete
Name: ANDERSON, KENDAL D
Address: 12248 LAKE VALLEY DR.
City-St-Zip: CLERMONT, FL 34711 US**Title:** VP () Delete
Name: ANDERSON, SHERRY L
Address: 12248 LAKE VALLEY DR.
City-St-Zip: CLERMONT, FL 34711 US**Title:** VP () Delete
Name: SCHROEDER, SCOTT
Address: 365 NORTH MONTE CARLO DR.
City-St-Zip: EAU CLAIRE, WI 54703 US**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** ADM. () Change (X) Addition
Name: NOSS, FRANCES M
Address: 1572 WHOOPING DR.
City-St-Zip: GROVELAND, FL 34736 US

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: FRANCES M. NOSS

ADM

06/09/2009

Electronic Signature of Signing Officer or Director

Date