

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005225

FILED
Jan 08, 2007
Secretary of State

Entity Name: THE CROSSING, A NETWORK OF COMMUNITY CHURCH'S INCORPORATED

Current Principal Place of Business:

8515 INDRIO ROAD
FORT PIERCE, FL 34951

New Principal Place of Business:

Current Mailing Address:

8515 INDRIO ROAD
FORT PIERCE, FL 34951

New Mailing Address:

FEI Number: 65-1070593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LINDSTROM, MATTHEW
912 AVENUE I
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

LANE, MICHAEL J
5214 NW S. LOVOY CIRCLE
PORT ST. LUCIE, FL 34986 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: MICHAEL J LANE

01/08/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRIDGERS, CARLTON C
Address: 6109 SUNSET BLVD.
City-St-Zip: FORT PIERCE, FL 34982

Title: VP () Delete
Name: LANE, MICHAEL
Address: 5214 NW SOUTH LAVOY CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VP () Delete
Name: SHEIL, DAVID
Address: 4475 OLD DIXIE HIGHWAY
City-St-Zip: FORT PIERCE, FL 34946

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: LANE, MICHAEL
Address: 5214 NW S. LOVOY CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986

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: MICHAEL J LANE

VP

01/08/2007

Electronic Signature of Signing Officer or Director

Date