2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# N08000008238

Entity Name: THE CROSSING POINT CHRISTIAN COMMUNITY CULTURAL CENTER, INC.

Current Principal Place of Business:

2311 16TH AVENUE SOUTH
ST. PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

4905 34TH STREET SOUTH
156
ST. PETERSBURG, FL 33711

New Mailing Address:

4905 34TH STREET SOUTH
#156
ST. PETERSBURG, FL 33712

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARDS, S. H
2311 16TH AVENUE SOUTH
ST. PETERSBURG, FL 33712 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: EDWARDS, S H
Address: 2311 16TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: VP ( ) Delete
Name: EDWARDS, EDGAR
Address: 2311 16TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: S ( ) Delete
Name: EDWARDS, NORMAN V
Address: 2311 16TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: EDWARDS, E
Address: 2311 16TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: S (X) Change ( ) Addition
Name: EDWARDS, N V
Address: 2311 16TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

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: S. H. EDWARDS MGRM 03/30/2009

Electronic Signature of Signing Officer or Director — Date