2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000000623

FILED Jan 30, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

US

919 18TH STREET SOUTH ST. PETERSBURG, FL 33712

Current Mailing Address: New Mailing Address:

P. O. BOX 35225 919 18TH STREET SOUTH ST. PETERSBURG, FL 33712 ST. PETERSBURG, FL 33712

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EDWARDS, SARAH H 919 18TH STREET SOUTH ST. PETERSBURG, FL 33712

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: F

 Name:
 EDWARDS, SARAH H

 Address:
 919 18TH STREET SOUTH

 City-St-Zip:
 ST. PETERSBURG, FL 33712

Title: VP

 Name:
 EDWARDS, EDGAR

 Address:
 919 18TH STREET SOUTH

 City-St-Zip:
 ST. PETERSBURG, FL 33712

Title: VP2

Name: EDWARDS, N V

Address: 919 18TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: VP3

Name: EDWARDS, R` M

Address: 919 18TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: SEC.

Name: EDWARDS, M L

Address: 919 18TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

I hereby 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 all other like empowered.

SIGNATURE: SARAH H. EDWARDS P 01/30/2012