

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90255 026 \*\*\*\*61.25

**DOCUMENT # N35755**

1. Entity Name  
**CROSSINGS COMMUNITY CHURCH, INC.**



Principal Place of Business  
**390 LONGWOOD-LAKE MARY RD  
LAKE MARY, FL 32746 US**

Mailing Address  
**390 LONGWOOD-LAKE MARY RD  
LAKE MARY, FL 32746 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2986443**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILKINS, KEITH E.  
390 LONGWOOD-LAKE MARY RD  
LAKE MARY, FL 32746**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete  
NAME **WILKINS, KEITH E.**  
STREET ADDRESS **75 DIAL AVENUE**  
CITY-ST-ZIP **DEBARY, FL 32713**

TITLE **DS** ☐ Change ☒ Addition  
NAME **Rita Hartman**  
STREET ADDRESS **23449 Valderama Lane**  
CITY-ST-ZIP **Sorrento, FL 32776**

TITLE **T** ☐ Delete  
NAME **TERESA MOORE**  
STREET ADDRESS **2099 ACKOLA POINT**  
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE **D** ☐ Change ☒ Addition  
NAME **Mary Corr**  
STREET ADDRESS **648 Randon Terr.**  
CITY-ST-ZIP **Lake Mary, FL 32746**

TITLE **DS** ☒ Delete  
NAME **TONEY, KEN**  
STREET ADDRESS **3217 TIDAL POOL COVE**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **LEWIS, MIKE**  
STREET ADDRESS **632 STONEFIELD LOOP**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **HEINRICH, MICHAEL**  
STREET ADDRESS **3611 WIMBLEDON DR/VW**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D/C** ☐ Delete  
NAME **WRYE, RON**  
STREET ADDRESS **176 CASEY COURT**  
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Keith E. Wilkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-04-06 (407) 324-5433  
Date Daytime Phone #