2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008
Secretary of State

DOCUMENT# N35755

Entity Name: CROSSINGS COMMUNITY CHURCH, INC.

Current Principal Place of Business:

390 LONGWOOD-LAKE MARY RD
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

390 LONGWOOD-LAKE MARY RD
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 59-2986443 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILKINS, KEITH E.
390 LONGWOOD-LAKE MARY RD
LAKE MARY, FL 32746 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: DP ( ) Delete
Name: WILKINS, KEITH E.
Address: 75 DIAL AVENUE
City-St-Zip: DEBARY, FL 32713

Title: T ( ) Delete
Name: TERESA MOORE,
Address: 2099 ACKOLA POINT
City-St-Zip: LONGWOOD, FL 32779

Title: DS ( ) Delete
Name: HARTMAN, RITA
Address: 23449 VALDERAMA LANE
City-St-Zip: SORRENTO, FL 32776

Title: D ( ) Delete
Name: LEWIS, MIKE
Address: 632 STONEFIELD LOOP
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete
Name: HEINRICH, MICHAEL
Address: 3611 WIMBLEDON DRIVW
City-St-Zip: LAKE MARY, FL 32746

Title: D/C ( ) Delete
Name: WRYE, RON
Address: 176 CASEY COURT
City-St-Zip: LONGWOOD, FL 32750

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

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

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

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: KEITH E. WILKINS DP 03/18/2008

Electronic Signature of Signing Officer or Director Date