

N98000001694

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(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Crossings, A Community church  
Name of Corporation

**DOCUMENT NUMBER:** N98000001694

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ronald J Tewson

Name of Contact Person

The Crossings, A Community Church

Firm/Company

545 N. Woodland St

Address

Winter Garden, FL 34787

City/State and Zip Code

ron@thecrossingschurch.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald J Tewson

Name of Contact Person

at ( 407 ) 6566044

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 20, 2013

RONALD TEWSON  
545 N WOODLAND STREET  
WINTER GARDEN, FL 34787

SUBJECT: THE CROSSINGS, A COMMUNITY CHURCH, INC.  
Ref. Number: N98000001694

We have received your document for THE CROSSINGS, A COMMUNITY CHURCH, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain  
Regulatory Specialist II

Letter Number: 713A00022168

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Crossings, A Community Church
2. The principal office address: 545 N. Woodland St, Winter Garden, FL
3. The mailing address (if different): 545 N. Woodland St, Winter Garden, FL
4. Date of incorporation/qualification: 3/24/98 Document number: N98000001694
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Sean M LaGasse, Sr.

545 N. Woodland St

Winter Garden, FL 34787

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Ronald J Tewson

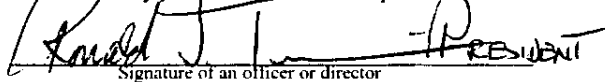
545 N. Woodland St.

P.O. Box NOT acceptable

Winter Garden, FL 34787

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

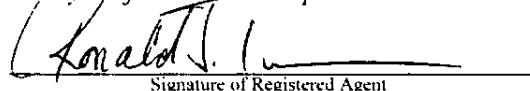
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Ronald J Tewson

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
Signature of Registered Agent

9/10/13

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)