

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90017 047 \*\*\*\*61.25

**DOCUMENT # N98000002198**

1. Entity Name

**CROSSPOINT BAPTIST FELLOWSHIP, INC.**



Principal Place of Business

**920 COURTNEY ROAD  
PERRY FL 32347**

Mailing Address

**920 COURTNEY ROAD  
PERRY FL 32347**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

**59-3509204**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HUMPHRIES, BUDDY  
5105 ROPING LANE  
PERRY FL 32347**

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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

TITLE		<input type="checkbox"/> Delete
NAME	<b>DODD, FRANKLIN</b>	
STREET ADDRESS	<b>3548 WOODS CREEK RD</b>	
CITY-ST-ZIP	<b>PERRY FL 32347</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>HUMPHRIES, BUDDY</b>	
STREET ADDRESS	<b>5105 ROPING LANE</b>	
CITY-ST-ZIP	<b>PERRY FL 32347</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>BARR, HORACE</b>	
STREET ADDRESS	<b>129 E DOWLING</b>	
CITY-ST-ZIP	<b>PERRY FL 32347</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>SWINDLE, JAY</b>	
STREET ADDRESS	<b>1421 ANDREW REAMS RD</b>	
CITY-ST-ZIP	<b>PERRY FL 32347</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>HAMBY, FRANCES</b>	
STREET ADDRESS	<b>1421 ANDREW REAMS RD.</b>	
CITY-ST-ZIP	<b>PERRY FL 32347</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>BODIFORD, TROY</b>	
STREET ADDRESS	<b>1880 KELLY GRADE</b>	
CITY-ST-ZIP	<b>PERRY FL 32348</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Frances Hamby, Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-19-04 850-584-5441**

**FRANCES HAMBY**