2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2008 8:00 am
Secretary of State
05-06-2008 90035 043 ****61.25

DOCUMENT # N98000002198

1. Entity Name

CROSSPOINT BAPTIST FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
920 COURTNEY ROAD PERRY FL 32347	920 COURTNEY ROAD PERRY FL 32347

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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: Debbie Humphries
Street Address (P.O. Box Number is Not Acceptable): 5105 Roping Lane
City: Perry **FL** Zip Code: 32347

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: Deborah Humphries
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, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T CARLTON, CHRIS 3518 CARLTON RD PERRY FL 32348	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUMPHRIES, BUDDY 5105 ROPING LANE PERRY FL 32347	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Debbie Humphries 5105 Roping Lane Perry Fl 32347
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DRAWDY, SAM 506 JUDSON DR PERRY FL 32347	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Jimmie Pridgeon 10 NE 8382d St. Old Town, Fl. 32680
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWINDLE, JAY 1421 ANDREW REAMS RD PERRY FL 32347	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Scot Vaughn 270 E. Roberts Aman Rd. Perry, Fl 32347
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HAMBY, FRANCES 1421 ANDREW REAMS RD. PERRY FL 32347	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BODIFORD, TROY 1880 KELLY GRADE PERRY FL 32348	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Dave Roberts 3595 Azalea Dr. Perry, Fl. 32347

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Frances Hamby