2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# N98000002198

Entity Name: CROSSPOINT BAPTIST FELLOWSHIP, INC.

Current Principal Place of Business:

920 COURTNEY ROAD
PERRY, FL 32347

New Principal Place of Business:

Current Mailing Address:

920 COURTNEY ROAD
PERRY, FL 32347

New Mailing Address:

FEI Number: 59-3509204 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUMPHRIES, DEBBIE
5105 ROPING LANE
PERRY, FL 32347 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:	T	( ) Delete
Name:	CARLTON, CHRIS	
Address:	3518 CARLTON RD	
City-St-Zip:	PERRY, FL 32348	
Title:	D	( ) Delete
Name:	HUMPHRIES, DEBBIE	
Address:	5105 ROPING LANE	
City-St-Zip:	PERRY, FL 32347	
Title:	D	( ) Delete
Name:	PRIDGEON, JIMMIE	
Address:	10 NE 838TH ST	
City-St-Zip:	OLD TOWN, FL 32680	
Title:	D	( ) Delete
Name:	VAUGHN, SCOT	
Address:	270 E ROBERTS AMAN RD	
City-St-Zip:	PERRY, FL 32347	
Title:	S	( ) Delete
Name:	HAMBY, FRANCES	
Address:	1421 ANDREW REAMS RD.	
City-St-Zip:	PERRY, FL 32347	
Title:	D	( ) Delete
Name:	ROBERTS, DAVE	
Address:	3595 ANGELA DR	
City-St-Zip:	PERRY, FL 32347	

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: FRANCES HAMBY SEC 03/19/2009
Electronic Signature of Signing Officer or Director — Date