

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730578

Entity Name: LIFEPOINT CHURCH CRESTVIEW, OF THE ASSEMBLIES OF GOD, INC.**FILED**
Jan 17, 2019
Secretary of State
1174093266CC**Current Principal Place of Business:**400 S FERDON BLVD.
CRESTVIEW, FL 32536**Current Mailing Address:**400 S FERDON BLVD.
CRESTVIEW, FL 32536**FEI Number: 58-1025970****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**LIFEPOINT CHURCH
400 S. FERDON BLVD.
CRESTVIEW, FL 32536 US*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**Officer/Director Detail :**

Title	DEACON
Name	KAPOTSY, MICHAEL
Address	6475 MOONLIGHT LANE
City-State-Zip:	CRESTVIEW FL 32539

Title	T
Name	BARROW, KATHLYN S
Address	513 KREST DRIVE
City-State-Zip:	CRESTVIEW FL 32536

Title	PASTOR
Name	ENGLISH, MARK A
Address	6495 BURLESON DR
City-State-Zip:	CRESTVIEW FL 32539

Title	SECRETARY
Name	KIMBROUGH, BEN
Address	6117 BURBANK CT
City-State-Zip:	CRESTVIEW FL 32536

Title	DEACON
Name	HASSETT, OLIVER
Address	6766 HWY 85N
City-State-Zip:	LAUREL HILL FL 32567

Title	DEACON
Name	HOLLOWAY, CHRISTOPHER
Address	1560 HESTER CHURCH RD
City-State-Zip:	BAKER FL 32531

Title	DEACON
Name	KILIAN, RYAN
Address	801 SIOUX CIRCLE
City-State-Zip:	CRESTVIEW FL 32536

Title	DEACON
Name	BAYLARK, RONALD
Address	2654 PADLOCK CIRCLE
City-State-Zip:	CRESTVIEW FL 32536

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I hereby 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 all other like empowered.

SIGNATURE: KATHLYN S BARROW**TREASURER****01/17/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DEACON
Name	SMITH, MICHAEL F
Address	4754 CONNER ?DR
City-State-Zip:	CRESTVIEW FL 32539