

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000010781

**Entity Name:** THECROSS OF CENTRAL FLORIDA, INC.**Current Principal Place of Business:**4425 N. HIGHWAY 19A  
MT. DORA, FL 32757**Current Mailing Address:**4425 N. HIGHWAY 19A  
MT. DORA, FL 32757 US**FEI Number: 81-4417599****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BAUMANN, JACOB  
1079 VANDERBILT DRIVE  
EUSTIS, FL 32726 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: JACOB BAUMANN****02/05/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE PASTOR  
Name BAUMANN, JACOB T  
Address 1079 VANDERBILT  
City-State-Zip: EUSTIS FL 32726

Title EXECUTIVE DIRECTOR  
Name BROWNELL, MICHELLE  
Address 24717 ROLLING OAK RD  
City-State-Zip: SORRENTO FL 32776

Title TREASURER  
Name DICKSON, DON  
Address 19542 SPRING OAK DRIVE  
City-State-Zip: EUSTIS FL 32726

Title ASSISTANT EXECUTIVE DIRECTOR  
Name MOULTON, DICK  
Address 7727 SADLER ROAD  
City-State-Zip: MOUNT DORA FL 32757

Title ASST. TREASURER  
Name GREEN, JIM  
Address 4300 BAYWOOD BOULEVARD  
C106  
City-State-Zip: MOUNT DORA FL 32757

Title SECRETARY  
Name JENNINGS, DIANNE  
Address 25479 HAWKS RUN LANE  
City-State-Zip: SORRENTO FL 32776

*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: JACOB BAUMANN****EXECUTIVE PASTOR****02/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date