

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35755

Entity Name: CROSSINGS COMMUNITY CHURCH, INC.**Current Principal Place of Business:**514 WALDEN VIEW DR
SANFORD, FL 32771**Current Mailing Address:**514 WALDEN VIEW DR
SANFORD, FL 32771 US**FEI Number:** 59-2986443**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILKINS, KEITH E.
514 WALDEN VIEW DR
SANFORD, FL 32771 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	DP
Name	WILKINS, KEITH E.
Address	359 OLD MILL ROAD
City-State-Zip:	ENTERPRISE FL 32725

Title	D
Name	BERNARD, JOSEPH
Address	376 STILL FOREST TERRACE
City-State-Zip:	SANFORD FL 32771

Title	C
Name	HEINRICH, MICHAEL
Address	3611 WIMBLEDON DRIVE
City-State-Zip:	LAKE MARY FL 32746

Title	T, S
Name	VELTRI, TERESA
Address	1409 LANGHAM TERRACE
City-State-Zip:	LAKE MARY FL 32746

Title	D
Name	HOLT, DAVID
Address	1182 CHANTRY PLACE
City-State-Zip:	LAKE MARY FL 32746

Title	VC
Name	OGLAGEO, JULIE
Address	5808 MICHELLE LANE
City-State-Zip:	SANFORD FL 32771

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: KEITH E. WILKINS**LEAD
PASTOR/PRESIDENT****01/19/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date