

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001268

Entity Name: CROSSWATER COMMUNITY CHURCH, INC.**Current Principal Place of Business:**211 DAVIS PARK ROAD
PONTE VEDRA, FL 32081**Current Mailing Address:**211 DAVIS PARK ROAD
PONTE VEDRA, FL 32081 US**FEI Number:** 59-3435781**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN STREET, SUITE 4
TALLAHASSEE, FL 32301 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 PRESIDENT, DIRECTOR
Name HARVILL, JOSH
Address 211 DAVIS PARK ROAD
City-State-Zip: PONTE VEDRA FL 32081

Title VP, DIRECTOR
Name DANIELS, GEORGE
Address 211 DAVIS PARK ROAD
City-State-Zip: PONTE VEDRA FL 32081

Title TREASURER
Name THOMPSON, HEATHER
Address 211 DAVIS PARK ROAD
City-State-Zip: PONTE VEDRA FL 32081

Title SECRETARY
Name HEISELE, MATT
Address 211 DAVIS PARK ROAD
City-State-Zip: PONTE VEDRA FL 32081

Title DIRECTOR
Name BARNARD, DENNIS
Address 211 DAVIS PARK ROAD
City-State-Zip: PONTE VEDRA FL 32081

Title DIRECTOR
Name PACELLA, DAVE
Address 211 DAVIS PARK ROAD
City-State-Zip: PONTE VEDRA FL 32081

Title DIRECTOR
Name RICHARDSON, JOHN
Address 211 DAVIS PARK ROAD
City-State-Zip: PONTE VEDRA FL 32081

Title DIRECTOR
Name MAXWELL, SCOT
Address 211 DAVIS PARK ROAD
City-State-Zip: PONTE VEDRA FL 32081

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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: HEATHER THOMPSON**CFO****01/08/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	FRANCIS, EUGENE BUDDY
Address	211 DAVIS PARK ROAD
City-State-Zip:	PONTE VEDRA FL 32081