

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 26 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001210 (1)
 1. Corporation Name
CYPRESS POINTE CHURCH, INC.



Principal Place of Business 251 B PLAZA DRIVE OVIEDO FL 32765	Mailing Address 251 B PLAZA DRIVE OVIEDO FL 32765
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3. Date Incorporated or Qualified 03/05/1996		
4. FEI Number 59-3383490	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 2440 W SR 426	2a. Mailing Address 26 2440 W SR 426
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 OVIEDO, FL	City & State 28 OVIEDO, FL
Zip 24 32765	Country 25 USA
Zip 29 32765	Country 30 USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LACICH, DANIEL M 1047 ATFISH CREEK COURT OVIEDO FL 32765		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	1010 MAGEE CREEK CT. NORTH
		83	
		84 City	OVIEDO FL
		85 Zip Code	32765

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, ARTHUR	
STREET ADDRESS	6615 LAKE CHARM CIRCLE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, BEVERLY	
STREET ADDRESS	6615 LAKE CHARM CIRCLE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GLODO, MICHAEL	
STREET ADDRESS	501 SPRING OAK BOULEVARD	
CITY-ST-ZIP	ATAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Scott marion	
1.3 STREET ADDRESS	834 palmetto Terrace	
1.4 CITY-ST-ZIP	oviedo, Florida 32765	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vic Tan	
2.3 STREET ADDRESS	1077 Kelly creek Circle	
2.4 CITY-ST-ZIP	Oviedo, Florida 32765	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Steve Tuchten	
3.3 STREET ADDRESS	473 Lakepark Trail	
3.4 CITY-ST-ZIP	Oviedo, Florida 32765	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE: _____ Date: **8-17-98** Daytime Phone #: **407-366-2957**

CR2E037 (5/98)