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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001731 (7)

1. Corporation Name

ALPHA POINT CHRISTIAN CENTER INC.

Principal Place of Business

Mailing Address

5325 EDGEWATER DRIVE
ORLANDO FL 32810

5325 EDGEWATER DRIVE
ORLANDO FL 32810

3. Date Incorporated or Qualified

04/06/1995

4. FEI Number

59-3400890

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN-ROTH, ROSEMARIE
5325 EDGEWATER DRIVE
ORLANDO FL 32810

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME BROWN-ROTH, ROSEMARIE
STREET ADDRESS 5325 EDGEWATER DRIVE
CITY-ST-ZIP ORLANDO FL 32810

1.1 TITLE P
1.2 NAME ROTH, ROSEMARIE
1.3 STREET ADDRESS 5325 EDGEWATER DRIVE
1.4 CITY-ST-ZIP ORLANDO, FL 32810

TITLE ST
NAME RANEY, JOSEPH A
STREET ADDRESS 5325 EDGEWATER DRIVE
CITY-ST-ZIP ORLANDO FL 32810

2.1 TITLE D
2.2 NAME RAINEY, JOSEPH
2.3 STREET ADDRESS 5325 EDGEWATER DRIVE
2.4 CITY-ST-ZIP ORLANDO, FL 32810

TITLE D
NAME ROTH, RICHARD
STREET ADDRESS 5302 SATEL DR.
CITY-ST-ZIP ORLANDO FL 32810

3.1 TITLE VP
3.2 NAME ROTH, RICHARD
3.3 STREET ADDRESS 3730 HAWTHORNE LN
3.4 CITY-ST-ZIP WINTER PARK, FL 32792

TITLE D
NAME DAWKINS, LASLENE
STREET ADDRESS 4365 REAL CT
CITY-ST-ZIP ORLANDO FL

4.1 TITLE D
4.2 NAME MURRAY SILVIA
4.3 STREET ADDRESS 7765 BELVOIR DR
4.4 CITY-ST-ZIP ORLANDO, FL 32835

TITLE D
NAME WILSON, LOUISE T
STREET ADDRESS 261 SPRINGS COLONY CIRCLE #161
CITY-ST-ZIP ALTAMONTE SPRINGS FL

5.1 TITLE S,T
5.2 NAME WILSON, LOUISE T
5.3 STREET ADDRESS 261 SPRINGS COLONY CIRCLE, #161
5.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL

TITLE D
NAME BOARDWAY, GORDON
STREET ADDRESS 1967 TURNBERRY DR
CITY-ST-ZIP OVIEDO FL

6.1 TITLE
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)(i), 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:

Rosemarie Brown-Roth

CR2E037 (10/97)