

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001731

1. Entity Name

ALPHA POINT CHRISTIAN CENTER INC.

R

Principal Place of Business

5325 EDGEWATER DRIVE
ORLANDO FL 32810

Mailing Address

5325 EDGEWATER DRIVE
ORLANDO FL 32810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3400890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN-ROTH, ROSEMARIE
5325 EDGEWATER DRIVE
ORLANDO FL 32810

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☐ Delete
NAME	ROTH, ROSEMARIE	
STREET ADDRESS	5325 EDGEWATER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	☒ Delete
NAME	RAINEY, JOSEPH	
STREET ADDRESS	5325 EDGEWATER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	☐ Delete
NAME	ROTH, RICHARD	
STREET ADDRESS	3730 HAWTHORNE LN	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	☐ Delete
NAME	DAWKINS, LASLENE	
STREET ADDRESS	4365 REAL CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ST	☒ Delete
NAME	WILSON, LOUISE T	
STREET ADDRESS	261 SPRINGS COLONY CIRCLE #161	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	☐ Delete
NAME	MURRAY, SILVIA	
STREET ADDRESS	7765 BELVOIR DR.	
CITY-ST-ZIP	ORLANDO FL 32835	

TITLE	VP	☐ Change ☒ Addition
NAME	Paul Pipitone	
STREET ADDRESS	3320 Raiders Run	
CITY-ST-ZIP	Winter Park, Fl. 32792	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	☐ Change ☐ Addition
NAME	Nelson Stone	
STREET ADDRESS	4388 Real Court	
CITY-ST-ZIP	Orlando, Fl. 32808	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rosemarie R Brown Roth

7-18-00 (407) 657-2551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)



DO NOT WRITE IN THIS SPACE

Doc# N95000001731

308824

ALPHA POINT CHRISTIAN CENTER 5325 EDGEWATER DR. PH. 407-290-8801 ORLANDO, FL 32810		00061022 2338	
DATE <u>5-27-2007</u> 63-8413/2670			
PAY TO THE ORDER OF <u>Division of Corporation</u>		125 \$61.25	
FOR <u>Washington Mutual</u>		100 DOLLARS	
Washington Mutual Bank, FA Washington Financial Center 1714 431 E. Poyalis Avenue #100 Maitland, FL 32751		1-800-756-7000 24 Hour Customer Service	
"002338" "2670841311831" "009326" "01"		"00000005125"	
Reverend Brown - Lth			