

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 731672**  
 1. Entity Name  
**CENTERPOINTE COMMUNITY CHURCH, INCORPORATED**



Principal Place of Business 8610 TEMPLE TERR. HWY P.O. BOX 16889 TEMPLE TERRACE, FL 33687 US	Mailing Address 8610 TEMPLE TERR. HWY P.O. BOX 16889 TEMPLE TERRACE, FL 33637 US
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**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6159374	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BROOKS, KAYE**  
 8610 TEMPLE TERRACE HIGHWAY  
 TAMPA, FL 33637

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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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROOKS, DALE A. 12013 HAZEN AVE P.O. BOX 1106 THONOTOSASSA, FL 33592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROOKS, C.L. 1102 WEST RIVER DRIVE TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT BROOKS, KAYE 12013 HAZEN AVE P.O. BOX 1106 THONOTOSASSA, FL 33592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, WILLIAM F. 1205 LAKECHARLES CIR LUTZ, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WERLY, ALBERT C. 8229 132ND ST. N. SEMINOLE, FL 34646
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000680253  
 04/03/07-80070-026 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Kaye Brooks **3-22-07** 813 988 3557  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #