


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90011 003 ****61.25

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**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

02192008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-6159374 Applied For
Not Applicable

5. - Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Name and Address of New Registered Agent

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. 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 reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Knight, Peter	
STREET ADDRESS	5401 S Russell St	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* **4-1-08** **813-988-3559**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #