2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#736079

FILED May 02, 2007 Secretary of State

Entity Name: CENTER POINT COMMUNITY CHURCH OF NAPLES, INC.

Current Principal Place of Business: New Principal Place of Business:

6590 GOLDEN GATE PKWY NAPLES, FL 34105

Current Mailing Address: New Mailing Address:

6590 GOLDEN GATE PKWY NAPLES, FL 34105

FEI Number: 59-1685912 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SNYDER, JIM BUCKEL, ROB

1090 NITTINGHAM DRIVE 325 2ND AVENUE SOUTH NAPLES, FL 34109 NAPLES, FL 34102

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: ROB BUCKEL 05/02/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete WESTON, GREG OJANOVAC, TONY Name: Name: 320 CARNABY COURT Address: 2829 INLET COVE LANE WEST Address:

NAPLES, FL 34112 NAPLES, FL 34120

City-St-Zip: City-St-Zip:

(X) Change () Addition Title: () Delete Title: Name: LEWIS, CHARLES Name: LEWIS, CHARLES

Address: 180 BEARS PAW TRAIL Address: 400 CHARLESWOOD LANE City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34105

Title: VD () Delete Title: (X) Change () Addition

ERICKSON, JEFF B UCKEL, ROB Name: Name: 352 2ND AVENUE SOUTH 3100 REGATA ROAD Address: Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY OJANOVAC SD 05/02/2007