

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736079

FILED
May 01, 2008
Secretary of State

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

Current Principal Place of Business:

6590 GOLDEN GATE PKWY
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

6590 GOLDEN GATE PKWY
NAPLES, FL 34105 US

New Mailing Address:

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:

BUCKEL, ROB
325 2ND AVENUE SOUTH
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: OJANOVAC, TONY
Address: 2829 INLET COVE LANE WEST
City-St-Zip: NAPLES, FL 34120

Title: TD () Delete
Name: LEWIS, CHARLES
Address: 400 CHARLESWOOD LANE
City-St-Zip: NAPLES, FL 34105

Title: VD (X) Delete
Name: ERICKSON, JEFF
Address: 3100 REGATA ROAD
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: SHAFFER, NICK
Address: 4221 MINDI AVENUE
City-St-Zip: NAPLES, FL 34112

Title: VD (X) Change () Addition
Name: ERICKSON, JEFF
Address: 3100 REGATA ROAD
City-St-Zip: NAPLES, FL 34103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROB BUCKEL

RA

05/01/2008

Electronic Signature of Signing Officer or Director

Date