

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736079

FILED
Apr 21, 2009
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CATHEY, ANDY
6590 GOLDEN GATE PARKWAY
NAPLES, FL 34105 US

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: ANDY CATHEY

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: JONES, SCOTT
Address: 6590 GOLDEN GATE PARKWAY
City-St-Zip: NAPLES, FL 34105

Title: TD (X) Change () Addition
Name: RUSSO, JOE
Address: 6590 GOLDEN GATE PARKWAY
City-St-Zip: NAPLES, FL 34105

Title: SD () Change (X) Addition
Name: POTTER, TOM
Address: 6590 GOLDEN GATE PARKWAY
City-St-Zip: NAPLES, FL 34105

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: TOM POTTER

SD

04/21/2009

Electronic Signature of Signing Officer or Director

Date