


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000004006**  
 1. Entity Name  
 CENTERPOINT COMMUNITY CHURCH, INC.



Principal Place of Business      Mailing Address  
 3318 E. SILVER SPRINGS BLVD.      3318 E. SILVER SPRINGS BLVD.  
 Ocala, FL 34470      Ocala, FL 34470

**DO NOT WRITE IN THIS SPACE**



01142004 No Chg-NP      CR2E037 (10/03)

4. FEI Number: **59-3725650**      Applied For / Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DYKSTRA, JACOB L  
 2965 SE 38TH ST.  
 Ocala, FL 34480

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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	PTD DYKSTRA, JACOB L 2965 SE 38TH ST. OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LIEBELT, DONALD 4328 SE 26TH TERR. RD. OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GORDON, MICHAEL 4336 SE 26TH TERR. RD. OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000010764  
 01/23/04-80012-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_      Date: 1/23/04      Daytime Phone #: 352-351-2124