

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000004006**

1. Entity Name  
**CENTERPOINT COMMUNITY CHURCH, INC.**



Principal Place of Business  
**3318 E. SILVER SPRINGS BLVD.  
OCALA, FL 34470**

Mailing Address  
**3318 E. SILVER SPRINGS BLVD.  
OCALA, FL 34470**



01052005 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**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**GORDON, MICHAEL J  
4336 SE 26TH TERR. RD.  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

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

**10. OFFICERS AND DIRECTORS**

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

U000000175814  
01/10/05-80066-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 an other line empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michael J. Gordon*

1/6/05  
Date

352-361-4422  
Daytime Phone #