

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)

**DO NOT WRITE IN THIS SPACE**

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 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
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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 all other titles empowered.

SIGNATURE: Michael J. Gordon 1/6/05 352-368-4422  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #