

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90132 019 \*\*\*\*61.25

**50006608**



03142006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N0100004006</b>					
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 59-3725650	
Applied For		Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GORDON, MICHAEL J 4336 SE 26TH TERR. RD. OCALA, FL 34480			Name <u>Donald Liebelt</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>4328 SE 26 Terr. Rd.</u>		
			City <u>Ocala</u> FL Zip Code <u>34480</u>		
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 <u><i>Donald Liebelt</i></u>			DATE <u>3-16-06</u>		
Signature, typed if printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBELT, DONALD		NAME		
STREET ADDRESS	4320 SE 26TH TERR. RD.		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34480		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON, MICHAEL		NAME	Scott Strickland	
STREET ADDRESS	4336 SE 26TH TERR. RD.		STREET ADDRESS	1107 SE 9 Ave.	
CITY-ST-ZIP	OCALA, FL 34480-		CITY-ST-ZIP	Ocala, FL 34471	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Dan McGinnis	
STREET ADDRESS			STREET ADDRESS	4611 SE 14 street	
CITY-ST-ZIP			CITY-ST-ZIP	Ocala, FL 34471	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Donald Liebelt</i></u>			Date <u>3-15-06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		