

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

**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**

**50006608**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-3725650**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 **Donald Liebelt**

Street Address (P.O. Box Number is Not Acceptable)  
**4328 SE 26 Terr. Rd.**

City **Ocala**

FL

Zip Code **34480**

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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** ☐ Delete  
NAME **LIEBELT, DONALD**  
STREET ADDRESS **4320 SE 26TH TERR. RD.**  
CITY-ST-ZIP **OCALA, FL 34480**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☒ Delete  
NAME **GORDON, MICHAEL**  
STREET ADDRESS **4336 SE 26TH TERR. RD.**  
CITY-ST-ZIP **OCALA, FL 34480-**

TITLE **D** ☐ Change ☒ Addition  
NAME **Scott Strickland**  
STREET ADDRESS **1107 SE 9 Ave.**  
CITY-ST-ZIP **Ocala, FL 34471**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **Dan McGinnis**  
STREET ADDRESS **4611 SE 14 street**  
CITY-ST-ZIP **Ocala, FL 34471**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-15-06**

Date

Daytime Phone #