

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 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

DO NOT WRITE IN THIS SPACE



01192007 No Chg-NP CR2E037 (4/06)

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

LIEBELT, DONALD
4328 SE 26 TERR RD
OCALA, FL 34480

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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 \$81.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000639013
02/28/07-80009-013 81.25

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	LIEBELT, DONALD
STREET ADDRESS	4328 SE 26TH TERR. RD.
CITY-ST-ZIP	OCALA, FL 34480
TITLE	D
NAME	SCOTT, STRICKLAND
STREET ADDRESS	1107 SE 9 AVE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	MCGINNIS, DAN
STREET ADDRESS	4611 SE 14 ST
CITY-ST-ZIP	OCALA, FL 34471
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-07 352-369-2244