


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N01000004006</b> 1. Entity Name <b>CENTERPOINT COMMUNITY CHURCH, INC.</b>	
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Principal Place of Business <b>3318 E. SILVER SPRINGS BLVD. OCALA, FL 34470</b>	Mailing Address <b>3318 E. SILVER SPRINGS BLVD. OCALA, FL 34470</b>
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**DO NOT WRITE IN THIS SPACE**



04092008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3725650</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**LIEBELT, DONALD  
4328 SE 26 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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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	D SCOTT, STRICKLAND 1107 SE 9 AVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGINNIS, DAN 4611 SE 14 ST OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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000000892351  
04/23/08-80062-006 61.25

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 #