

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90504 004 ****61.25

DOCUMENT # NO1000004006

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

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**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DYKSTRA, JACOB L
~~9005 SE 38TH ST.~~ **2965**
OCALA FL 34480

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

FILE NOW: FEE IS \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PTD	DYKSTRA, JACOB L	2965 SE 38TH ST.	OCALA FL 34480	<input type="checkbox"/>	<input type="checkbox"/>
VD	LIEBELT, DONALD	4328 SE 26TH TERR. RD.	OCALA FL 34480	<input type="checkbox"/>	<input type="checkbox"/>
SD	GORDON, MICHAEL	4336 SE 26TH TERR. RD.	OCALA FL 34480	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 like empowered.

SIGNATURE: *[Signature]* **REQUIRE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **1/15/02 352-331-2124**

CR2E037 (10/02)