

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005898

FILED
Apr 29, 2005
Secretary of State

Entity Name: LIFEPOINT CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

PO BOX 953923
LAKE MARY, FL 327953923

New Principal Place of Business:

Current Mailing Address:

PO BOX 953923
LAKE MARY, FL 327953923

New Mailing Address:

FEI Number: 59-3735793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWAN, STEVE
486 MOHAVE TERR
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDRIANO, MICHAEL
Address: 900 LINGO COURT
City-St-Zip: OVIEDO, FL 32765

Title: SD () Delete
Name: DONALDSON, DAN
Address: 984 VINERIDGE RUN #203
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VD () Delete
Name: MCCANN, DALE
Address: 26908 FOREST HILL STREET
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: ANDERSON, NORM
Address: 33 SEAWINDS LANE SOUTH
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: EYNON, SCOTT
Address: 9590 N.W. 31ST PLACE
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: SWAN, STEVEN
Address: 486 MOHAVE TERRACE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN SWAN

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date