2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006887

Entity Name: SOUTHPOINT CHURCH, INC.

FILED May 16, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2132 SHADOWLAWN DR NAPLES, FL 34112

Current Mailing Address: New Mailing Address:

2132 SHADOWLAWN DR P.O. BOX 1043

NAPLES, FL 34112 SOUTHAVEN, MS 38671

FEI Number: 59-3566900 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WENDEL, CRAIG P
2132 SHADOWLAWN DR
NAPLES, FL 34112 US
WENDEL, CRAIG P
2132 SHADOWLAWN DRIVE
NAPLES, FL 34112 US

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: CRAIG P WENDEL 05/16/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TP () Delete Title: TP (X) Change () Addition Name: WENDEL, CRAIG P Name: WENDEL, CRAIG P

 Address:
 3140 CALEDONIA AVE
 Address:
 4949 ISABEL DRIVE

 City-St-Zip:
 NAPLES, FL 34112
 City-St-Zip:
 OLIVE BRANCH, MS 38654

Title: TV () Delete Title: TV (X) Change () Addition Name: KNESS, COREY R Name: KNESS, CORY R

 Address:
 2144 SHADOW LAWN DR
 Address:
 9112 TAHOE COVE

 City-St-Zip:
 NAPLES, FL 34112
 City-St-Zip:
 OLIVE BRANCH, MS 38654

Title: TT () Delete Title: () Change () Addition

 Name:
 GONZALEZ, DAVID
 Name:

 Address:
 P.O. BOX 4002
 Address:

 City-St-Zip:
 EAGLE, CO 81631
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CRAIG P WENDEL TP 05/16/2007