

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006887

FILED
May 01, 2009
Secretary of State

Entity Name: SOUTHPOINT CHURCH, INC.

Current Principal Place of Business:

2132 SHADOWLAWN DR
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1043
SOUTHAVEN, MS 38671

New Mailing Address:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TP () Delete
Name: WENDEL, CRAIG P
Address: 4949 ISABEL DRIVE
City-St-Zip: OLIVE BRANCH, MS 38654

Title: TV (X) Delete
Name: KNESS, CORY R
Address: 9112 TAHOE COVE
City-St-Zip: OLIVE BRANCH, MS 38654

Title: TT () Delete
Name: THOMPSON, JON
Address: 4495 APPLETON DRIVE
City-St-Zip: SOUTHAVEN, MS 38672

Title: DIR () Delete
Name: CROSS, DALE
Address: 211 MT ZION ROAD
City-St-Zip: COLDWATER, MS 38618

Title: DIR () Delete
Name: THOMPSON, MICHAEL
Address: 10840 FOX GLEN DRIVE
City-St-Zip: HERNANDO, MS 38632

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: DIR (X) Change () Addition
Name: HOLLIDAY, ELDON
Address: 5255 MASTERS DR. S.
City-St-Zip: OLIVE BRANCH, MS 38654

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

05/01/2009

Electronic Signature of Signing Officer or Director

Date