

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90177 038 ****70.00

DOCUMENT # N02000009923

1. Entity Name

THE POINTE CHURCH, INC.



Principal Place of Business

**10817 DIXON DRIVE
RIVERVIEW FL 33569-7409**

Mailing Address

**10817 DIXON DRIVE
RIVERVIEW FL 33569-7409**

90028163



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

57-1143178

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DUMAS, GREG
3046 BEAVER POND TR
VALRICO FL 33594**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE **D** ☐ Delete
NAME **DUMAS, GREG C**
STREET ADDRESS **13046 BEAVER POND TR**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE **D** ☐ Delete
NAME **PETERSON, ED**
STREET ADDRESS **17809 ARBOR HAVEN DR**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **D** ☐ Delete
NAME **TRONU, ROBERT**
STREET ADDRESS **6362 COCOA LN**
CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE **D** ☐ Delete
NAME **BOUDIN, CHARLES**
STREET ADDRESS **2302 BEECHWOOD CT**
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/12/03

(813) 671-4229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR, OR SR. PASTOR

CR2E037 (10/02)