


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000000035</b>	
1. Entity Name <b>SOUTHPOINTE CHRISTIAN CHURCH OF PALM BAY, INC.</b>	

Principal Place of Business <b>918 BANKS ST NW PALM BAY, FL 32907</b>	Mailing Address <b>918 BANKS ST NW PALM BAY, FL 32907</b>
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01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>27-0045827</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>GAMBILL, DONALD W JR 918 BANKS ST NW PALM BAY, FL 32907</b>
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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 <u><i>Don Gambill</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>4/12/05</u>

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000361755 05/05/05-80089-025 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELLMO, RUSSELL W 1209 LAMPLIGHTER DR NW PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAROSZ, JOHN A SR 1390 VALERIUS ST SE PALM BAY, FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAMBILL, DONALD W JR 918 BANKS ST NW PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMAAGE, DERRENCE L 2555 GRESHAM DR ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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)(f), 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: <u><i>Russell W Dellmo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4-17-05</u> Daytime Phone # <u>321-309-7645</u>