

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012085

FILED
Apr 28, 2008
Secretary of State

Entity Name: CROWN POINTE CHURCH, INC.

Current Principal Place of Business:

131 MAGNOLIA PARK TRAIL
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

131 MAGNOLIA PARK TRAIL
SANFORD, FL 32773

New Mailing Address:

FEI Number: 20-3908459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, DON
131 MAGNOLIA PARK TRAIL
SANFORD, FL 32773 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: P () Delete
Name: NEWMAN, DON
Address: 131 MANOLIA PARK TRAIL
City-St-Zip: SANFORD, FL 32773

Title: V () Delete
Name: NEWMAN, TRACEE
Address: 131 MAGNOLIA PARK TRAIL
City-St-Zip: SANFORD, FL 32773

Title: T () Delete
Name: NEWMAN, ASHLEE
Address: 131 MAGNOLIA PARK TRAIL.
City-St-Zip: SANFORD, FL 32773

Title: O (X) Delete
Name: HOLMES, RONALD
Address: 405 RIDGEWAY BLVD
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: NEWMAN, TRACEE
Address: 131 MAGNOLIA PARK TRAIL
City-St-Zip: SANFORD, FL 32773

Title: O (X) Change () Addition
Name: HOLMES, RONALD
Address: 405 RIDGEWAY BLVD
City-St-Zip: DELAND, FL 32724

Title: () Change () Addition
Name:
Address:
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: DON NEWMAN

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date