2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002908

Entity Name: COUNTERPOINTE CHURCH, INC.

FILED Mar 23, 2007 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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1907 7TH STREET W 801 GUNNERY RD.

PALMETTO, FL 34221 LEHIGH ACRES, FL 33971

Current Mailing Address: New Mailing Address:

1907 7TH STREET W 11480 WATERFORD VILLAGE DR.

PALMETTO, FL 34221 FORT MYERS, FL 33913

FEI Number: 20-4513576 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

R. MICHAEL LOWERY

1907 7TH STREET W

PALMETTO, FL 34221 US

R. MICHAEL LOWERY

11480 WATERFORD VILLAGE DR.
FORT MYERS, FL 33913 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: R. MICHAEL LOWERY 03/23/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD () Delete Title: MD (X) Change () Addition Name: R. MICHAEL LOWERY, Name: R. MICHAEL LOWERY,

 Address:
 1907 7TH STREET W
 Address:
 11480 WATERFORD VILLAGE DR.

 City-St-Zip:
 PALMETTO, FL 34221
 City-St-Zip:
 FORT MYERS, FL 33913

Title: D () Delete Title: () Change () Addition

Name: BOWE, STEPHEN Name:

Address: 1102 LEELAND HEIGHTS BLVD. E Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 MILBY, TODD
 Name:

 Address:
 24850 OLD 41 ROAD #11
 Address:

 City-St-Zip:
 BONITA SPRINGS, FL 341357087
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: R. MICHAEL LOWERY MD 03/23/2007