

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000010853

**FILED**  
**Apr 14, 2012**  
**Secretary of State**

**Entity Name:** CROWNPOINTE BAPTIST CHURCH OF NORTH CENTRAL FLORIDA, INC

**Current Principal Place of Business:**

11755 SE 84TH AVE  
BELLEVIEW, FL 34420 US

**New Principal Place of Business:**

8099 SE 62ND LOOP  
OCALA, FL 34472 US

**Current Mailing Address:**

11755 SE 84TH AVE  
BELLEVIEW, FL 34420 US

**New Mailing Address:**

P.O. BOX 830504  
OCALA, FL 34483 US

**FEI Number:** 27-3968616

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WALLACE, WILLIAM D  
11755 SE 84TH AVENUE  
BELLEVIEW, FL 34420 US

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

WALLACE, WILLIAM D  
8099 SE 62ND LOOP  
OCALA, FL 34472 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:**

04/14/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WALLACE, WILLIAM D  
Address: 8099 SE 62ND LOOP  
City-St-Zip: OCALA, FL 34472 US

Title: VP  
Name: WALLACE, STEPHANIE L  
Address: 8099 SE 62ND LOOP  
City-St-Zip: OCALA, FL 34472 US

Title: S/T  
Name: WALLACE, TRICIA M  
Address: 8099 SE 62ND LOOP  
City-St-Zip: BELLEVIEW, FL 34472 US

I hereby 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 all other like empowered.

**SIGNATURE:** WILLIAM D. WALLACE

P

04/14/2012

Electronic Signature of Signing Officer or Director

Date