

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49470

Entity Name: CENTERPOINT, INC.

FILED  
Apr 15, 2004  
Secretary of State

## Current Principal Place of Business:

110 BAY HAMMOCK LANE  
LONGWOOD, FL 32779L US

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 915065  
LONGWOOD, FL 327915065 US

## New Mailing Address:

FEI Number: 59-3055757

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KEIDAISH, PHILIP F JR  
505 WEKIVA SPRINGS ROAD  
SUITE 800  
LONGWOOD, FL 32779 US

## Name and Address of New Registered Agent:

KEIDAISH, PHILIP F JR  
320 W. SABAL PALM DRIVE  
LONGWOOD, FL 32779 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:

04/15/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: STD ( ) Delete  
Name: MCCRORY, WILLIAM M.  
Address: 110 BAY HAMMOCK LANE  
City-St-Zip: LONGWOOD, FL

Title: VPD (X) Delete  
Name: RAMEY, KEITH  
Address: 5047 OLD SALEM CEMETARY RD  
City-St-Zip: SPRINGFIELD, IL 62707

Title: PD ( ) Delete  
Name: MCCRORY, CELESTE P.  
Address: 110 BAY HAMMOCK LANE  
City-St-Zip: LONGWOOD, FL

Title: ED ( ) Delete  
Name: REILLY, TOM  
Address: 231 N HOAGLAND BLVD  
City-St-Zip: KISSIMMEE, FL 34741

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change ( ) Addition  
Name: MCCRORY, CELESTE P.  
Address: 110 BAY HAMMOCK LANE  
City-St-Zip: LONGWOOD, FL

Title: PD (X) Change ( ) Addition  
Name: REILLY, TOM  
Address: 231 N HOAGLAND BLVD  
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM M. MCCRORY

STD

04/15/2004

Electronic Signature of Signing Officer or Director

Date