

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49470

FILED
Apr 25, 2009
Secretary of State

Entity Name: CENTERPOINT, INC.

Current Principal Place of Business:

110 BAY HAMMOCK LANE
LONGWOOD, FL 32779L US

New Principal Place of Business:

2310 LEEWARD COVE
KISSIMMEE, FL 34741 US

Current Mailing Address:

POST OFFICE BOX 915065
LONGWOOD, FL 327915065 US

New Mailing Address:

2310 LEEWARD COVE
KISSIMMEE, FL 34741 US

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
320 W. SABAL PALM DRIVE
LONGWOOD, FL 32779 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: STD () Delete
Name: MCCRORY, WILLIAM M.
Address: 110 BAY HAMMOCK LANE
City-St-Zip: LONGWOOD, FL 32779 US

Title: VPD () Delete
Name: MCCRORY, CELESTE P.
Address: 110 BAY HAMMOCK LANE
City-St-Zip: LONGWOOD, FL 32779 US

Title: PD (X) Delete
Name: REILLY, TOM
Address: 85 ALAN DR
City-St-Zip: DOUGLAS, GA 31535 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: REILLY, EDWARD T
Address: 2310 LEEWARD COVE
City-St-Zip: KISSIMMEE, FL 34741 US

Title: VP (X) Change () Addition
Name: REILLY, LINDA S
Address: 2310 LEEWARD COVE
City-St-Zip: KISSIMMEE, FL 34741 US

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: EDWARD T. REILLY

PRES

04/25/2009

Electronic Signature of Signing Officer or Director

Date