

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 22 1997 8:00am
Secretary of State

DOCUMENT # N95000001731 (7)

1. Corporation Name

ALPHA POINT CHRISTIAN CENTER INC.

Principal Place of Business

5325 EDGEWATER DRIVE
ORLANDO FL 32810

Mailing Address

5325 EDGEWATER DRIVE
ORLANDO FL 32810



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/06/1995	3a. Date of Last Report 06/14/1996
4. FEI Number 59 340 0890 APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	Fee Required \$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

29

30

9. Name and Address of Current Registered Agent

BROWN-ROTH, ROSEMARIE
5325 EDGEWATER DRIVE
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME BROWN-ROTH, ROSEMARIE
STREET ADDRESS 5325 EDGEWATER DRIVE
CITY-ST-ZIP ORLANDO FL 32810

TITLE ST
NAME RANEY, JOSEPH A
STREET ADDRESS 5325 EDGEWATER DRIVE
CITY-ST-ZIP ORLANDO FL 32810

TITLE D
NAME ROTH, RICHARD
STREET ADDRESS 5302 SATEL DR.
CITY-ST-ZIP ORLANDO FL 32810

TITLE D
NAME Castlene Dawkins
STREET ADDRESS 4365 Real Ct
CITY-ST-ZIP Orlando, FL. 32808

TITLE D
NAME Louise T. Wilson
STREET ADDRESS 261 Springs Colony Circle #161
CITY-ST-ZIP Altamonte Springs, FL. 32714

TITLE D
NAME Gordon Boardway
STREET ADDRESS 1967 Turnberry Dr.
CITY-ST-ZIP Oviedo, FL. 32765

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Louise T. Wilson
1.3 STREET ADDRESS 261 Springs Colony Circle #161
1.4 CITY-ST-ZIP Altamonte Springs, FL. 32714

2.1 TITLE D
2.2 NAME Gordon Boardway
2.3 STREET ADDRESS 1967 Turnberry Dr.
2.4 CITY-ST-ZIP Oviedo, FL. 32765

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

Signature of Registered Agent

9-3-97(407)290-8811

CR2E037 (4/97)