

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90061 025 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000001731**

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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/06/1995
21	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3400890
22	27	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
24	25	29
		30
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BROWN-ROTH, ROSEMARIE 5325 EDGEWATER DRIVE ORLANDO FL 32810		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROTH, ROSEMARIE	1.2 NAME	Silvia Murray
STREET ADDRESS	5325 EDGEWATER DRIVE	1.3 STREET ADDRESS	7765 Belvoir Dr.
CITY-ST-ZIP	ORLANDO FL 32810	1.4 CITY-ST-ZIP	Orlando, Fl 32835
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAINEY, JOSEPH	2.2 NAME	Paul Pipitone
STREET ADDRESS	5325 EDGEWATER DRIVE	2.3 STREET ADDRESS	3320 Raiders Run
CITY-ST-ZIP	ORLANDO FL 32810	2.4 CITY-ST-ZIP	Winter Park, Fl 32792
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, RICHARD	3.2 NAME	
STREET ADDRESS	3730 HAWTHORNE LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32792	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWKINS, LASLENE	4.2 NAME	
STREET ADDRESS	4365 REAL CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, LOUISE T	5.2 NAME	
STREET ADDRESS	261 SPRINGS COLONY CIRCLE #161	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOARDWAY, GORDON	6.2 NAME	
STREET ADDRESS	1967 TURNBERRY DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	OVEDO FL	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Rosemarie ROTH* Date: 5-5-99 (407) 290-8801

CR2E037 (11/98)