2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9500001731 Jul 28, 2000 8:00 am Secretary of State ALPHA POINT CHRISTIAN CENTER INC. 06-05-2000 90034 036 ****61.25 Principal Place of Business Mailing Address 5325 EDGEWATER DRIVE 5325 EDGEWATER DRIVE ORLANDO FL 32810 ORLANDO FL 32810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3400890 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **BROWN-ROTH. ROSEMARIE** 5325 EDGEWATER DRIVE ORLANDO FL 32810 City Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 13, 2000 min, will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Pipitone X Addition TITLE ☐ Delete TITLE Raiders Run ROTH, ROSEMARIE NAME NAME 5325 EDGEWATER DRIVE STREET ADDRESS STREET ADDRESS Winter Park H. 32792 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32810 Delete ☐ Addition TITLE TITLE RAINEY, JOSEPH NAME NAME STREET ADDRESS 5325 EDGEWATER DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ORLANDO FL 32810 Change ☐ Addition TITLE Delete TITLE ROTH, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 3730 HAWTHORNE LN CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 n Addition TITLE ☐ Delete TITLE Change DAWKINS, LASLENE NAME NAME STREET ADDRESS 4365 REAL CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL: stone TITLE ST Delete ☐ Change Addition nelson 4388 Real Court WILSON, LOUISE T NAME NAME 261 SPRINGS COLONY CIRCLE #161 STREET ADDRESS STREET ADDRESS 32808 Orlando. CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL ☐ Change ☐ Addition ☐ Delete TITLE NAME MURRAY, SILVIA NAME STREET ADDRESS 7765 BELVOIR DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32835 12. 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 report or supplemental 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 10 or Block 11 if

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Description Priore #

Doc# N95000001731 308824

> PAY TO THE ORDER OF ALPHA POINT CHRISTIAN CENTER
> 5325 EDGEWATER DR. PH. 407-290-8801
> ORLANDO, FL 32810 Washington Mutual Washington Mutual Bank, FA Mailland Financial Center 1714 1-800-756-7000 24 hour Customer Service DATE 5-27-2005 83-8413/2870 00061022 \$61.25 DOLLARS The County Named "10000000 F 5 2"1" 2338

,

٠, ,

,

-.

.

المغد