

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90406 001 ***211.25

DOCUMENT # N95000001731

1. Entity Name

ALPHA POINT CHRISTIAN CENTER INC.

Principal Place of Business

Mailing Address

~~5325 EDGEWATER DRIVE~~
ORLANDO FL 32810

~~5325 EDGEWATER DRIVE~~
ORLANDO FL 32810

2601 Sheringham Rd.

Same

2. Principal Place of Business

2601 Sheringham Rd.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

4. FEI Number

59-3400890

Applied For

Not Applicable

Zip

32810

Country

Orange

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN-ROTH, ROSEMARIE
5325 EDGEWATER DRIVE
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name

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

2601 Sheringham Rd

City

Orlando

FL

Zip Code

32810

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

4-28-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete

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

TITLE **VP** ☒ Delete

NAME **PIPITONE, PAUL**
 STREET ADDRESS **3320 RAIDERS RUN**
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **VP** ☐ Delete

NAME **ROTH, RICHARD**
 STREET ADDRESS **3730 HAWTHORNE LN**
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **D** ☐ Delete

NAME **DAWKINS, LASLENE**
 STREET ADDRESS **4365 REAL CT**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☒ Delete

NAME **STONE, NELSON**
 STREET ADDRESS **4388 REAL COURT**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **D** ☐ Delete

NAME **MURRAY, SILVIA**
 STREET ADDRESS **7765 BELVOIR DR.**
 CITY-ST-ZIP **ORLANDO FL 32835**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

Richard Clark
103 HOLLYHOCK DRIVE
ALTAMONTE, FLA. 32701

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Rosemarie R. Roth

4-28-02 (407) 290-8801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)