

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 26 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001210 (1)
 1. Corporation Name
CYPRESS POINTE CHURCH, INC.



Principal Place of Business 251 B PLAZA DRIVE OVIEDO FL 32765	Mailing Address 251 B PLAZA DRIVE OVIEDO FL 32765
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3. Date Incorporated or Qualified 03/05/1996	
4. FEI Number 59-3383490	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 2440 W SR 426	2a. Mailing Address 26 2440 W SR 426
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 OVIEDO, FL	City & State 28 OVIEDO, FL
Zip 24 32765	Country 25 USA
Zip 29 32765	Country 30 USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	

9. Name and Address of Current Registered Agent LACICH, DANIEL M 1047 ATFISH CREEK COURT OVIEDO FL 32765	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1010 MAGEE CREEK CT. NORTH 83 84 City OVIEDO 85 Zip Code FL 32765
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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 D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME EVANS, ARTHUR		1.2 NAME Scott marion	
STREET ADDRESS 6615 LAKE CHARM CIRCLE		1.3 STREET ADDRESS 834 Palmetto Terrace	
CITY-ST-ZIP OVIEDO FL 32765		1.4 CITY-ST-ZIP oviedo, Florida 32765	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME EVANS, BEVERLY		2.2 NAME Vic Tan	
STREET ADDRESS 6615 LAKE CHARM CIRCLE		2.3 STREET ADDRESS 1077 Kelly creek Circle	
CITY-ST-ZIP OVIEDO FL 32765		2.4 CITY-ST-ZIP oviedo, Florida 32765	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GLODO, MICHAEL		3.2 NAME Steve Tuchten	
STREET ADDRESS 501 SPRING OAK BOULEVARD		3.3 STREET ADDRESS 473 Lakepark Trail	
CITY-ST-ZIP ATAMONTE SPRINGS FL 32714		3.4 CITY-ST-ZIP oviedo, Florida 32765	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: _____ Date: **8-17-98** Daytime Phone #: **407-366-2957**

CR2E037 (5/98)