

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	Not Applicable
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2. Principal Place of Business 21 <b>2440 W SR 426</b>	2a. Mailing Address 26 <b>2440 W SR 426</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>OVIEDO, FL</b>	City & State 28 <b>OVIEDO, FL</b>
Zip 24 <b>32765</b>	Country 25 <b>USA</b>
Zip 29 <b>32765</b>	Country 30 <b>USA</b>

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  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)	<b>1010 MAGEE CREEK CT. NORTH</b>
83	
84 City	<b>OVIEDO FL</b>
85 Zip Code	<b>32765</b>

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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>EVANS, ARTHUR</b>	
STREET ADDRESS	<b>6615 LAKE CHARM CIRCLE</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>EVANS, BEVERLY</b>	
STREET ADDRESS	<b>6615 LAKE CHARM CIRCLE</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GLODO, MICHAEL</b>	
STREET ADDRESS	<b>501 SPRING OAK BOULEVARD</b>	
CITY-ST-ZIP	<b>ATAMONTE SPRINGS FL 32714</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Scott marion</b>	
1.3 STREET ADDRESS	<b>834 palmetto Terrace</b>	
1.4 CITY-ST-ZIP	<b>oviedo, Florida 32765</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Vic Tan</b>	
2.3 STREET ADDRESS	<b>1077 Kelly creek Circle</b>	
2.4 CITY-ST-ZIP	<b>Oviedo, Florida 32765</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Steve Tuchten</b>	
3.3 STREET ADDRESS	<b>473 Lakepark Trail</b>	
3.4 CITY-ST-ZIP	<b>Oviedo, Florida 32765</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)