

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90119 029 ****61.25

DOCUMENT # 703493

1. Entity Name

CORNERSTONE COMMUNITY BAPTIST CHURCH, INC.



Principal Place of Business

**307 S.E. 15 ST.
DEERFIELD BEACH FL 33441**

Mailing Address

**P.O. BOX 64
DEERFIELD BEACH FL 33441
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2351240**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALLEN, THOMAS G.
284 NE 40 COURT
POMPANO BEACH FL 33064**

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Delete
NAME	WALLEN, THOMAS G.	
STREET ADDRESS	284 NE 40 COURT	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	T	☐ Delete
NAME	WALLEN, RAE A	
STREET ADDRESS	284 NE 40 CT	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	P	☐ Delete
NAME	LOVITZ, BRET	
STREET ADDRESS	1417 SE 3 TERR	
CITY-ST-ZIP	DEERFIELD FL 33441	
TITLE	T	☒ Delete
NAME	DUNNING, GEORGE	
STREET ADDRESS	328 SE 2 ST.	
CITY-ST-ZIP	DEERFIELD BCH FL 33443	
TITLE	T	☐ Delete
NAME	BENFIELD, CHARLES	
STREET ADDRESS	73 NE 7 COURT #1	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		☐ Delete
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
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: *Thomas G. Wallen* **THOMAS G. WALLEN** 03/22/03 954 941-0680

CR2E037 (10/02)