

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2009
Secretary of State**

DOCUMENT# N03000003784

Entity Name: FAITH CORNERSTONE CHURCH MINISTRY, INC.

Current Principal Place of Business:

5460 COLLINS CHAPEL ROAD
MALONE, FL 32445

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 518
MALONE, FL 32445

New Mailing Address:

FEI Number: 02-0647024 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, VIRGINIA M
4550 MT. PLEASANT RD.
QUINCY, FL 32352 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, VIRGINIA M
Address: 4550 MT. PLEASANT RD.
City-St-Zip: QUINCY, FL 32352

Title: VD () Delete
Name: SMITH, AROCK
Address: 4550 MT. PLEASANT RD.
City-St-Zip: QUINCY, FL 32352

Title: D () Delete
Name: IVEY, BRUCE
Address: 138 GENE WILLIAMS RD.
City-St-Zip: QUINCY, FL 32351

Title: O () Delete
Name: SMITH, TYRONE
Address: 878 ARLINGTON CIRCLE
City-St-Zip: QUINCY, FL 32351

Title: O () Delete
Name: CLOUD, AARON
Address: 4550 MT PLEASANT RD
City-St-Zip: QUINCY, FL 32352

Title: D () Delete
Name: ANDREWS, JAMES
Address: 3338 VALLEY OAK DR.
City-St-Zip: MARIANNA, FL 32446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA M. SMITH

PD

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date