## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N41957

FILED Mar 06, 2003 Secretary of State

Entity Name: CORNERSTONE BAPTIST CHURCH, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2925 CANOE CREEK ST CLOUD, FL 34772 **Current Mailing Address: New Mailing Address:** 2925 CANOE CREEK ST CLOUD, FL 34772 FEI Number: 59-2906922 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLACKWELL, J. NATHAN BLACKWELL, J NATHAN 2925 CANOE CREEK RD. 2925 CANOE CREEK RD. ST. CLOUD, FL 34772 ST. CLOUD, FL 34772 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: J. NATHAN BLACKWELL 03/06/2003 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete BLACKWELL, J NATHAN, BLACKWELL, J NATHAN Name: Name: 400 CHANCELLOR CT Address: 400 CHANCELLOR CT Address: City-St-Zip: ST CLOUD, FL 34769 City-St-Zip: ST CLOUD, FL 34769 Title: VD Title: () Delete () Change () Addition Name: JONES, GARY Name: Address: 1825 CHERRYWOOD CT Address: City-St-Zip: SAINT CLOUD, FL 34769 City-St-Zip: Title: () Delete Title: () Change () Addition BLACKWELL, TRISHA Name: Name: 400 CHANCELLOR COURT Address: Address: City-St-Zip: ST. CLOUD, FL 34769 City-St-Zip: ( ) Delete Title: TD Title: () Change () Addition BAUKNIGHT, ANNIE Name: Name: 4325 MILDRED BASS ROAD Address: Address: City-St-Zip: ST CLOUD, FL 34772 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: J. NATHAN BLACKWELL PD 03/06/2003