2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N93000004608

Entity Name: CORNERSTONE COMMUNITY CHURCH OF LAKE CITY, INC.

Current Principal Place of Business:

403 WEST DUVAL
LAKE CITY, FL 32056 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 967
LAKE CITY, FL 32056 US

New Mailing Address:

FEI Number: 59-2358745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KINNAMAN, RAYMOND E
900-B LOCKLYNN AVENUE
LAKE CITY, FL 320258 US

Name and Address of New Registered Agent:

MARCELLINO, MICHAEL J
216 SW MAIN BLVD
LAKE CITY, FL 32025 US

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: MICHAEL J. MARCELLINO 04/28/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KINNAMAN, RAYMOND E
Address: 900-B LOCHLYNN AVENUE
City-St-Zip: LAKE CITY, FL 33025

Title: E ( ) Delete
Name: ROSS, MORRIS
Address: 608 LOCKLYNN AVENUE
City-St-Zip: LAKE CITY, FL 32025

Title: T ( ) Delete
Name: CARTER, ELSIE
Address: 167 N.W AUSTIN WAY
City-St-Zip: LAKE CITY, FL 32055

Title: T ( ) Delete
Name: ALLEN, KENNETH
Address: 518 LOCKLYN AVE.
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MARCELLINO, MICHAEL J
Address: 216 SW MAIN BLVD
City-St-Zip: LAKE CITY, FL 33025

Title: E (X) Change ( ) Addition
Name: ROSS, MORRIS
Address: 480 SW ASCENA TERRACE
City-St-Zip: LAKE CITY, FL 32024

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

Title: T (X) Change ( ) Addition
Name: CARR, DAVID
Address: 448 SE ISABELLA ST.
City-St-Zip: LAKE CITY, FL 32025

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: GEORGIA N. SHERRILL SECR 04/28/2005
Electronic Signature of Signing Officer or Director Date