

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000004315

1. Entity Name
CORNERSTONE BIBLE CHAPEL, INC.



Principal Place of Business

190 PATRICIA AVENUE
DUNEDIN, FL 34698

Mailing Address

P.O. BOX 2202
DUNEDIN, FL 34697



03302008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FBI Number
59-3334516

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, DAVID E
1092 ENISWOOD PKW
PALM HARBOR, FL 34683

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IN THIS SPACE**

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)

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

04/14/08-80069-006 61.25

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	DAVIS, P WILLIAM
STREET ADDRESS	1644 EDEN COURT
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	V/D
NAME	FINN, JOHN DR.
STREET ADDRESS	7294 MADENCANE CT
CITY-ST-ZIP	LARGO, FL 33777
TITLE	S/D
NAME	BRZEZINSKI, FRANK
STREET ADDRESS	111 EARL STREET
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	T/D
NAME	MILLER, DAVID E
STREET ADDRESS	1092 ENISWOOD PKWY
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

David E Miller

DAVID E MILLER

TREASURER

3/31/08 (727)

6803523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #