


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N98000002173 1. Entity Name CHIEF CORNERSTONE MISSIONARY BAPTIST CHURCH, INC.	
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Principal Place of Business 3125 SOUTH MAIN STREET MELBOURNE, FL 32901	Mailing Address 3125 SOUTH MAIN STREET MELBOURNE, FL 32901
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02142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0728572	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WASHINGTON, HEATHER  
 370 BROOKCREST CIRCLE  
 ROCKLEDGE, FL 32955

DO NOT WRITE 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 *Heather Washington* Mrs. Heather Washington *February 24, 2008*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WASHINGTON, HEATHER 370 BROOKCREST CIRCLE ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOLLOWAY, ROSE 931 HOOPER AVE NE PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MC GOWAN, QUEEN 811 DUTCH CT SE PALM BAY, FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PRESSLEY, WILLIAM 805 E UNIVERSITY BLVD MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KEY, BETTYE 3319 HENRY ST MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELEMS, CHARLIE 2254 HENRY ST NE PALM BAY, FL 32905

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 05/08/08-80029-014 70.00

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: *Bettye J. Key* Bettye J. Key 4/8/08 321-727-7577  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #