

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90132 026 \*\*\*\*61.25

**DOCUMENT # N41957**

1. Entity Name

**CORNERSTONE BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

2925 CANOE CREEK  
 ST CLOUD FL 34772

2925 CANOE CREEK  
 ST CLOUD FL 34772-6504

DUU10000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2906922**

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLACKWELL, J. NATHAN**  
**2925 CANOE CREEK RD.**  
**ST. CLOUD FL 34772**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

**J. Nathan Blackwell, President**

SIGNATURE

*J. Nathan Blackwell*

1/27/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **BLACKWELL, J NATHAN**  
 STREET ADDRESS **400 CHANCELLOR CT**  
 CITY-ST-ZIP **ST CLOUD FL 34769**

TITLE  Change  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **JONES, GARY**  
 STREET ADDRESS **1825 CHERRYWOOD CT**  
 CITY-ST-ZIP **ST. CLOUD FL**

TITLE  Change  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **BLACKWELL, TRISHA**  
 STREET ADDRESS **400 CHANCELLOR COURT**  
 CITY-ST-ZIP **ST. CLOUD FL 34769**

TITLE  Change  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **BAUKNIGHT, ANNIE**  
 STREET ADDRESS **4325 MILDRED BASS ROAD**  
 CITY-ST-ZIP **ST CLOUD FL 34772**

TITLE  Change  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Delete  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*J. Nathan Blackwell*  
**J. Nathan Blackwell, President**

1/27/00

407-892-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #