

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2004
Secretary of State**

DOCUMENT# N41957

Entity Name: CORNERSTONE BAPTIST CHURCH, INC.

Current Principal Place of Business:

2925 CANOE CREEK
ST CLOUD, FL 34772

New Principal Place of Business:

Current Mailing Address:

2925 CANOE CREEK
ST CLOUD, FL 34772

New Mailing Address:

FEI Number: 59-2906922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PALMER, PATRICIA A
2925 CANOE CREEK RD.
ST. CLOUD, FL 34772 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: PATRICIA A PALMER 04/30/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLACKWELL, J NATHAN
Address: 400 CHANCELLOR CT
City-St-Zip: ST CLOUD, FL 34769

Title: VD () Delete
Name: JONES, GARY
Address: 1825 CHERRYWOOD CT
City-St-Zip: SAINT CLOUD, FL 34769

Title: SD () Delete
Name: BLACKWELL, TRISHA
Address: 400 CHANCELLOR COURT
City-St-Zip: ST. CLOUD, FL 34769

Title: TD () Delete
Name: BAUKNIGHT, ANNIE
Address: 4325 MILDRED BASS ROAD
City-St-Zip: ST CLOUD, FL 34772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: UNDERWOOD, STEPHEN L
Address: 4303 SIOUX COURT
City-St-Zip: SAINT CLOUD, FL 34772

Title: SD (X) Change () Addition
Name: MALONEY, BRENDA
Address: 4166 BOB WHITE TRAIL
City-St-Zip: ST. CLOUD, FL 34772

Title: TD (X) Change () Addition
Name: PALMER, PATRICIA A
Address: 3005 CANOE CREEK RD.
City-St-Zip: ST CLOUD, FL 34772

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: PATRICIA A PALMER TD 04/30/2004
Electronic Signature of Signing Officer or Director Date