

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41957

FILED
Feb 15, 2007
Secretary of State

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 (X)

Name and Address of Current Registered Agent:

BUCHNER, VALERIE
2925 CANOE CREEK RD.
ST. CLOUD, FL 34772 US

Name and Address of New Registered Agent:

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: _____

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: GRAY, ROBERT
Address: 1638 LISA LANE
City-St-Zip: KISSIMMEE, FL 34744

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

Title: TD () Delete
Name: BUCHNER, VALERIE
Address: 826 CHAMBERLAIN TRAIL
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: DEASON, ERIC
Address: 5672 MERLIN WAY
City-St-Zip: SAINT CLOUD, FL 34772

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: VALERIE BUCHNER

TD

02/15/2007

Electronic Signature of Signing Officer or Director

_____ Date