

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003784

Entity Name: FAITH CORNERSTONE CHURCH MINISTRY, INC.**Current Principal Place of Business:**5460 COLLINS CHAPEL ROAD
MALONE, FL 32445**Current Mailing Address:**P. O. BOX 518
MALONE, FL 32445**FEI Number: 02-0647024****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SMITH, VIRGINIA M
4550 MT. PLEASANT RD.
QUINCY, FL 32352 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	SMITH, VIRGINIA M
Address	4550 MT. PLEASANT RD.
City-State-Zip:	QUINCY FL 32352

Title	VD
Name	IVEY, BRUCE
Address	138 GENE WILLIAMS ROAD
City-State-Zip:	QUINCY FL 32351

Title	D
Name	WYNN, VIRA
Address	4495 MT. PLEASANT ROAD
City-State-Zip:	QUINCY FL 32352

Title	SECRETARY
Name	IVEY, UGREENAL
Address	138 GENE WILLIAMS ROAD
City-State-Zip:	QUINCY FL 32351

Title	O
Name	THELMA, CALDWELL
Address	P. O. BOX 13
City-State-Zip:	MIDWAY FL 32343

Title	SECRETARY
Name	BLAIR, LATONIA
Address	P. O. BOX 1162
City-State-Zip:	DOTHAN AL 36302

Title	OFFICER
Name	ANDREWS, ELDIEST
Address	3338 VALLEY OAK DR.
City-State-Zip:	MARIANNA FL 32446

I hereby 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 all other like empowered.

SIGNATURE: BRUCE IVEY**VICE PRESIDENT****03/25/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date