

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000003784

**FILED**  
**Apr 07, 2020**  
**Secretary of State**  
**4654115223CC**

**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**

**04/07/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date