

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700187

FILED  
Feb 03, 2009  
Secretary of State

**Entity Name:** THE CORNERSTONE BAPTIST CHURCH OF SARASOTA, INC.

**Current Principal Place of Business:**

3308 17TH STREET  
SARASOTA, FL 34235

**New Principal Place of Business:**

**Current Mailing Address:**

3308 17TH STREET  
SARASOTA, FL 34235

**New Mailing Address:**

**FEI Number:** 59-1412656

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DENT, JOHN C JR  
3415 MAGIC OAK LANE  
SARASOTA, FL 34232 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: DINGESS, TRACI  
Address: 2149 WOOD HOLLOW WAY  
City-St-Zip: SARASOTA, FL 34235

Title: TD ( ) Delete  
Name: BABCOCK, KAREN S  
Address: 913 SARABAY RD.  
City-St-Zip: OSPREY, FL 34229

Title: VPD ( ) Delete  
Name: CAMPBELL, JOHN H  
Address: 4414 ALHAMBRA AVE  
City-St-Zip: SARASOTA, FL 34231

Title: S ( ) Delete  
Name: SELLECK, EDNA I  
Address: 3829 NOTTINGHAM DR  
City-St-Zip: SARASOTA, FL 34235

Title: D ( ) Delete  
Name: DENT, JOHN C  
Address: 660 GOLDEN GATE PT APT 62  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DENT, JOHN C  
Address: 660 GOLDEN GATE PT #62  
City-St-Zip: SARASOTA, FL 34236

Title: T (X) Change ( ) Addition  
Name: BABCOCK, KAREN S  
Address: 913 SARABAY RD.  
City-St-Zip: OSPREY, FL 34229

Title: VP (X) Change ( ) Addition  
Name: CAMPBELL, JOHN H  
Address: 4414 ALHAMBRA AVE  
City-St-Zip: SARASOTA, FL 34231

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

Title: D (X) Change ( ) Addition  
Name: CLEVELAND, JOHN  
Address: 24007 77TH AVE EAST  
City-St-Zip: MYAKKA CITY, FL 34251

I hereby certify that the information supplied with this filing does not qualify 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: KAREN S BABCOCK

TREA

02/03/2009

Electronic Signature of Signing Officer or Director

Date