2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 29, 2002 8:00 am § Secretary of State **DOCUMENT # 703493** 1. Entity Name CORNERSTONE COMMUNITY BAPTIST CHURCH, INC. 04-29-2002 90056 048 ****61.25 Principal Place of Business Mailing Address 307 S.E. 15 ST. -P.O. BOX 64 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2351240 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name is Not Acceptab WALLEN, THOMAS-G: 284 NW 40 COURT POMPANO BEACH FL 33064 City Zip Code 8. 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE (9/01) Addition NAMÉ Wallen, Thomas G. NAME STREET ADDRESS STREET ADDRESS **284 NE 40 COURT** CITY-ST-ZIP CITY-ST-ZIP <u>Pompano Beach Fi</u> ☐ Delete TITLE ☐ Change ☐ Addition NAME WALLEN, RAE A MAME STREET ADDRESS STREET ADDRESS 284 NE 40 CT CITY-ST-ZIF CITY-ST-7IP POMPANO BEACH FL 33064 TITLE P--- ~~ रहा Delete ____Change_ Addition NAME LOVITZ, BRET NAME STREET ADDRESS 1417 SE 3 TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Deerfield fl 33441</u> TITLE ☐ Delete TITLE Change ☐ Addition NAME DUNNING, GEORGE NAME STREET ADDRESS 328 SE 2 ST. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP <u>Deerfield BCH FL 33443</u> TITLE ☐ Delete TITLE Addition Change CHARLES BENFIELD 73 NE 7 COURT #1 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if

SIGNATURE

April 15, 21612 954-941-0680