



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 01, 2006 8:00 am**  
**Secretary of State**

08-01-2006 90001 042 \*\*\*\*61.25

<b>DOCUMENT # 726181</b>					
<b>1. Entity Name</b> CORNERSTONE BAPTIST CHURCH OF OKEECHOBEE, FLORIDA INC.					
<b>Principal Place of Business</b> 18387 US HWY 441 N POB 1712 OKEECHOBEE, FL 34973			<b>Mailing Address</b> 18387 US HWY 441 N POB 1712 OKEECHOBEE, FL 34973		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		07052006 Chg-NP CR2E037 (4/06)	
<b>4. FEI Number</b> 59-2290156				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LAWRENCE, RONNIE 150 N.W. 102ND ST. OKEECHOBEE, FL 33472			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S BURNETT, KIM</b> <input type="checkbox"/> Delete 177 SE 13 AVE OKEECHOBEE, FL 34972				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D BURNETT, KIM E</b> <input type="checkbox"/> Delete 177 SE 13 AVE OKEECHOBEE, FL 34974				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D CALHOUN, AUDREY</b> <input checked="" type="checkbox"/> Delete 1244 NW 98TH ST. OKEECHOBEE, FL 34972				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DC LAWRENCE, RONNIE</b> <input type="checkbox"/> Delete 150 NW 102 ST. OKEECHOBEE, FL 33472				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b>  <b>RONNIE LAWRENCE</b> 7-5-06 863-467-0600					