

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726181

FILED  
Feb 08, 2008  
Secretary of State

**Entity Name:** CORNERSTONE BAPTIST CHURCH OF OKEECHOBEE, FLORIDA INC.

**Current Principal Place of Business:**

18387 US HWY 441 N  
POB 1712  
OKEECHOBEE, FL 34973

**New Principal Place of Business:**

18387 US HWY 441 N  
OKEECHOBEE, FL 34973

**Current Mailing Address:**

18387 US HWY 441 N  
POB 1712  
OKEECHOBEE, FL 34973

**New Mailing Address:**

**FEI Number:** 59-2290156      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LAWRENCE, RONNIE  
150 N.W. 102ND ST.  
OKEECHOBEE, FL 33472      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: S      ( ) Delete  
Name: BURNETT, KIM  
Address: 177 SE 13 AVE  
City-St-Zip: OKEECHOBEE, FL 34972

Title: D      ( ) Delete  
Name: BURNETT, KIM E  
Address: 177 SE 13 AVE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: DC      ( ) Delete  
Name: LAWRENCE, RONNIE  
Address: 150 NW 102 ST.  
City-St-Zip: OKEECHOBEE, FL 33472

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

Title: D      (X) Change ( ) Addition  
Name: BURNETT, KIM  
Address: 177 SE 13 AVE  
City-St-Zip: OKEECHOBEE, FL 34972

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

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

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: RONNIE LAWRENCE

TREA

02/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date