ANNUAL REPORT (AR) DOCUMENT # 742622 1. Entity Name CORNERSTONE EVANGELISTIC CENTER, INC.				Secret	May 21, 2004 8:00 am Secretary of State 05-21-2004 90004 001 ****61.25	
Principal Plac	ce of Business	Mailing Address				
922 MERCEDES AVE PANAMA CITY FL 32401 2. Principal Place of Business Suite, Apt. #, etc. City & State		922 MERCEDES AVE PANAMA CITY FL 32401 3. Mailing Address Suite, Apt. #, etc. City & State				
					MOORE CR2E037 (11/03)	
				MOORE		
				4. FEI Number		
Zip	Country	Zip	Country	59-1973	¢9.75	Not Applica Additional
	<u> </u>			5. Certificate of Status Desi	Fee Rec	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of N	lew Registered Agent	
621	ARK, EZELL E. 8TH STREET NAMA CITY FL 32401		Street Ac	dress (P.O. Box Number is Not Acce	ptable)	
			City		FL Zip	Code
the obliga SIGNATURE أ	e named entity submits this statement fo tions of registered agent. Define Classful Signature. typed or printed name of registered agen FILE NOW: FEE IS \$61.25	t and litle if applicable. (NC 9. Election Ca	DTE: Registered Agent signatu	e required when reinstating)	DATE	ble to
the obliga SIGNATURE أ	tions of registered agent. 2 200 Class Signature. typed or printed name of registered agent FILE NOW: FEE IS \$61:25 Due By May 1, 2004 OFFICERS AND DF	t and litle if applicable. (NO 9. Election Ca Trust Fund	DTE: Registered Agent signatu	e required when reinstating)	DATE Make Check Paya Florida Department	ble to of State
the obliga	tions of registered agent. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	t and litle if applicable. (NO 9. Election Ca Trust Fund	DTE: Registered Agent signatu ampaign Financing Contribution.	e required when reinstating) \$5.00 May Be Added to Fees	DATE Make Check Paya Florida Department	ble to of State
the obliga	tions of registered agent. Signature. typed or printed name of registered agent FILE NOW: FEE IS \$61.25 Due By May 1, 2004 OFFICERS AND DI PD CLARK, EZELL 621 E 8TH ST	t and little if applicable. (NO 9. Election Ca Trust Fund RECTORS	DTE: Registered Agent signatu ampaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	e required when reinstating) \$5.00 May Be Added to Fees ADDITIONS/CHANGES TO O	DATE Make Check Paya Florida Department Flicers AND DIRECTOF Cha	ble: to of State RS IN 10 Inge [] Addi
the obliga SIGNATURE SIGNATURE 10. 110. 111. 111. 111. 111. 111. 111.	tions of registered agent. Signature, typed or printed name of registered agen FILE NOW: FEE IS \$61.25 Due By May 1, 2004 OFFICERS AND DI PD CLARK, EZELL 621 E 8TH ST PANAMA CITY FL 32401 VP POLITE, ELLEN 152 BARLEY CT SE	t and litle if applicable. (NO 9. Election Ca Trust Fund IRECTORS	DTE: Registered Agent signatu ampaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST- ZIP TITLE	e required when reinstating) \$5.00 May Be Added to Fees	DATE Make Check Paya Florida Department Flicers AND DIRECTOF Cha	ble to of State As IN 10 Inge Add
the obliga SIGNATURE 10. 10. 11. STREET ADDRESS SITY-ST-ZIP 11. 11. STREET ADDRESS	tions of registered agent. Signature. typed or printed name of registered agen FILE NOW: FEE IS \$61.25 Due By May 1, 2004 OFFICERS AND DI PD CLARK, EZELL 621 E 8TH ST PANAMA CITY FL 32401 VP POLITE, ELLEN 152 BARLEY CT SE MABLETON GA 30126 S CLARK, WALTER 213 CLYDES DALE MABLETON GA 30126 T CLARK, SARAH 10269 LITTLEBROOK CT JONESBORO GA 30238	t and litle if applicable. (NO 9. Election Ca Trust Fund IRECTORS	DTE: Registered Agent signatu ampaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST- ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	e required when reinstating) \$5.00 May Be Added to Fees ADDITIONS/CHANGES TO O	DATE Make Check Paya Florida Department FICERS AND DIRECTOF Cha Cha Cha Cha Cha Cha Cha Cha	ble to of State IS IN 10 Inge Addi
the obliga	tions of registered agent.	t and litle if applicable. (NO 9. Election Ca Trust Fund IRECTORS	DTE: Registered Agent signatu ampaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	e required when reinstating) \$5.00 May Be Added to Fees ADDITIONS/CHANGES TO O	DATE Make Check Paya Florida Department FICERS AND DIRECTOF Cha Cha Cha Cha Cha Cha	ble to of State IS IN 10 Inge [] Addi Inge [] Addi