| 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 742622 1. Entity Name CORNERSTONE EVANGELISTIC CENTER, INC. | | | | FILED May 13, 2003 8:00 am Secretary of State 05-13-2003 90048 018 ****61.25 | | | |
|--|--|--|---|--|---|--|---|
| Principal Place of Business 922 MERCEDES AVE PANAMA CITY FL 32401 | Mailing Address 922 MERCEDES AVE PANAMA CITY FL 32401 | | , | | | | |
| 2. Principal Place of Business | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | |
| City & State | City & State | City & State | | 4. FEI Number 59-1973089 Applied For | | | |
| Zip Country | Zip | Country | | 5. Certificate of S | Status Desired | | Not Applicable Additional |
| 6. Name and Address of Cur | rent Registered Agent | | * | 7. Name and Address of New Registered Agent | | | |
| CLARK, EZELL 621 E. 8TH STREET PANAMA CITY FL 32401 | | | ddress (F | P.O. Box Number is | Not Acceptable) | FL Zip C | ode |
| 8. The above named entity submits this statement the obligations of registered agent. SIGNATURE | | City its registered office or DTE: Registered Agent signate | | | n the State of Flori | | th, and accept |
| the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered FILE NOW: FEE IS \$61.25 | agent and title if applicable. (NC 9. Election C Trust Fund | its registered office or DTE: Registered Agent signate ampaign Financing I Contribution. | ure required h | when reinstating) \$5.00 May Be Added to Fees | Mak Florida | da. I am familiar wi DATE e Check Payab 3 Department o | le to f State |
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| the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered FILE NOW: FEE IS \$61.25 TITLE PD NAME CLARK, EZELL STREET ADDRESS 621 E 8TH ST CITY-ST-ZIP PANAMA CITY FL 32401 TITLE NAME STREET ADDRESS 4013 SPRING RUN ROAD | agent and title if applicable (NC 9. Election C Trust Fund D DIRECTORS | Its registered office or DTE: Registered Agent signate ampaign Financing I Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Elle Elle 152 Ma Va 213 Ma | when reinstating) \$5.00 May Be Added to Fees DDITIONS/CHANC Barbey 6 leton 1 fer Cla 3 Cligde 6 leton | Mak Florida BES TO OFFICER GA 301 GA 301 GA 301 | da. I am familiar wi DATE e Check Payab a Department o S AND DIRECTORS Chang S E 2 Chang Chang | le to f State IN 10 e Addition e Addition |
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