

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90172 025 \*\*\*\*70.00

**DOCUMENT # 750993**

1. Entity Name  
**CORNERSTONE CHURCH OF DE FUNIAK SPRINGS, INC.**



Principal Place of Business  
**2044 STATE HWY 83 NORTH  
DEFUNIAK SPRINGS, FL 32433 US**

Mailing Address  
**PO BOX 1329  
DEFUNIAK SPRINGS, FL 32435 US**

**66012865**



04252006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2243946**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**REDWINE, DOYLE G  
1428 CO HWY 280 EAST  
DEFUNIAK SPRINGS, FL 32435**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
REDWINE, DOYLE G  
1428 CO. HWY 280 EAST  
DEFUNIAK SPRINGS, FL 32435**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SDT  
REDWINE, JANIS W  
1428 CO. HWY 280 EAST  
DEFUNIAK SPRINGS, FL 32435**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
HAMON, WILLIAM S DVP  
143 PROPHETS PKWY  
SANTA ROSA BEACH, FL 32459**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SCHELL, JOHN D  
13951 SCHELL LANE  
SUMMERDALE, AL 36580**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HAMON, TIMOTHY D  
326 HAMON AVE.  
SANTA ROSA BEACH, FL 32459**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** *Doyle G Redwine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/24/06 850-892-2240**