


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 753659		
1. Entity Name CORNERSTONE PRESBYTERIAN CHURCH OF LUTZ, INC.		
Principal Place of Business 17520 MARSH RD. LUTZ, FL 33558	Mailing Address 17520 MARSH RD. LUTZ, FL 33558	



01052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2018732	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STARNES, JOHN 4106 WEST BANK AVE. TAMPA, FL 33624
--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VOLF, CHRIS 6517 THOROUGHbred LOOP ODESSA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST STARNES, JOHN 4106 WEST BANK AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOOPES, DUNCAN 5009 CHATTAM LANE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BORDA, JUAN 6004 CHELLAS CT. LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  **JOHN L. STARNES** **1/5/08 (813) 961-5423**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #