

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**  
05-17-2001 91083 015 \*\*\*\*61.25

**DOCUMENT # N00000003808**

1. Entity Name

**CORNERSTONE BAPTIST CHURCH OF LAFAYETTE COUNTY,**

Principal Place of Business

Mailing Address

RT 3 BOX 342  
MAYO FL 32066

RT 3 BOX 342  
MAYO FL 32066

2. Principal Place of Business

3. Mailing Address

*Hwy 27 North*  
Suite/Apt. #, etc.

*PO Box 1603*  
Suite/Apt. #, etc.

City & State

City & State

*Mayo FL*

*Mayo FL*

Zip

Country

Zip

Country

*32066*

*Lafayette*

*32066*

*Lafayette*

4. FEI Number

*59-3649159*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRASWELL, STEVE**  
**CR 53**  
**SOUTH MAYO FL 32066**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRASWELL, STEVE</b> <b>CR 53</b> <b>S MAYO FL 32066</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HART, LYNN K</b> <b>HWY 27</b> <b>N MAYO FL 32066</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROCK, JUDY</b> <b>HWY 27</b> <b>N MAYO FL 32066</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Signature*  
**RECEIVED**

*5/7/01*

*410-3620*

CR2E037 (10/00)