2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003808

FILED Apr 24, 2005 Secretary of State

Entity Name: CORNERSTONE BAPTIST CHURCH OF LAFAYETTE COUNTY, INC.

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
HWY 27 NORTH MAYO, FL 32066 Current Mailing Address:		796 W MAIN ST MAYO, FL 32066		
		New Mailing Addre		
96 W. MA IAYO, FL				
El Number:	: 59-3649159	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	Address of C	Current Registered Agent:	Name and Address	s of New Registered Agent:
RASWEL	L STEVE			
R 53 OUTH M.	LL, STEVE AYO, FL 3206 named entity		ourpose of changing its registe	ered office or registered agent, or both.
R 53 OUTH M. he above	AYO, FL 3206		ourpose of changing its registe	ered office or registered agent, or both,
R 53 OUTH M. he above the State	AYO, FL 3206 named entity of Florida.	submits this statement for the լ		
R 53 OUTH M. he above the State	AYO, FL 3206 named entity of Florida. RE: Electror	submits this statement for the particles of Registered Ag	ent	Date
R 53 OUTH M. ne above the State	AYO, FL 3206 named entity e of Florida. RE: Electror S AND DIREC	submits this statement for the pair of the pair of Registered Agentors: TORS: Delete TEVE	ent	
R 53 DUTH M. The above the State GNATUF FFICERS Le:	AYO, FL 3206 named entity e of Florida. RE: Electror S AND DIREC D (BRASWELL, S CR 53 S MAYO, FL 3	submits this statement for the particles of Registered Age TORS: Delete TEVE Delete Delete	ent ADDITIONS/CHAN Title: Name: Address:	Date IGES TO OFFICERS AND DIRECTO

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN K HART D 04/24/2005