


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000003808	
1. Entity Name CORNERSTONE BAPTIST CHURCH OF LAFAYETTE COUNTY, INC.	

Principal Place of Business 796 W MAIN ST MAYO, FL 32066	Mailing Address 796 W. MAIN ST MAYO, FL 32066
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DO NOT WRITE IN THIS SPACE

04222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3649159	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROBINSON, NELSON A
9862 CR 49
LIVE OAK, FL 32060

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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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000730652 05/08/07-80088-004 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, NELSON A 9862 CR 49 LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HART, LYNN K HWY 27 N MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROCK, JUDY HWY 27 N MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Lynn K. Hart 4/22/07 (850) 490-3620

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