## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000003580

FILED Apr 30, 2009 Secretary of State

Entity Name: CORNERSTONE PENTECOSTAL CHURCH OF PLANT CITY, INC.

**Current Principal Place of Business: New Principal Place of Business:** 3301 CLEMENS RD 3301 CLEMONS RD PLANT CITY, FL 33566 PLANT CITY, FL 33567 **Current Mailing Address: New Mailing Address:** 73 WINDSOR LN. 3301 CLEMONS RD MULBERRY, FL 33860 PLANT CITY, FL 33566 FEI Number: 59-3717413 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EPPS, JOHN M 1717 MARSHALL DR. US PLANT CITY, FL 33565 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition EPPS, JOHN M BISHOP Name: Name: 1717 MARSHALL DR. Address: Address: PLANT CITY, FL 33565 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition GRIMMETTE, ARLIE H PASTOR Name: KELLEY, JR., JOE C PASTOR Name: Address: 73 WINDSOR LANE Address: 3301 CLEMONS City-St-Zip: MULBERRY, FL 33860 City-St-Zip: PLANT CITY, FL 33566 Title: () Delete Title: (X) Change ( ) Addition GRIMMETTE, BRENDA J PASTOR GRIMMETTE, ARLIE H SEC. Name: Name: 73 WINDSOR LN. Address: Address: 73 WINDSOR LN. City-St-Zip: MULBERRY, FL 33860 City-St-Zip: MULBERRY, FL 33860 Title: ( ) Delete Title: (X) Change ( ) Addition Name: GILLELAND, KEITH N REV. Name: CAPPS, TOM REV. 4921 COUNTY ROAD 329 2601 FIDDLESTICKS Address: Address: City-St-Zip: WEEDOWEE, AL 36275 City-St-Zip: LUTZ, FL 33559 Title: () Delete Title: () Change () Addition LOVE, JESSICA Name: Name: 4307 MEADOWS RIDGE CT. Address: Address: City-St-Zip: MULBERRY, FL 33860 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOE C. KELLEY, JR. DR 04/30/2009