2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# N01000005940

Entity Name: CORNERSTONE CHURCH OF GOD OF LAKELAND INC.

Current Principal Place of Business:

1288 EAST MEMORIAL BLVD.
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 129
HIGHLAND CITY, FL 33846

New Mailing Address:

FEI Number: 59-3435473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASSEY, WILLIAM R
4120 LEOMN AVE
HIGHLAND CITY, FL 33846 US

Name and Address of New Registered Agent:

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:

Title: T ( ) Delete
Name: FULKERSON, WILLIAM K
Address: 4145 LEMON AVE
City-St-Zip: HIGHLAND CITY, FL 33846

Title: P ( ) Delete
Name: MASSEY, WILLIAM R
Address: 4120 LEMON AVE
City-St-Zip: HIGHLAND CITY, FL 33846

Title: T ( ) Delete
Name: MASSEY, CHARMAINE Y
Address: 4120 LEMON AVE
City-St-Zip: HIGHLAND CITY, FL 33846

Title: T ( ) Delete
Name: FULKERSON, ANGELA M
Address: 4145 LEMON AVE
City-St-Zip: HIGHLAND CITY, FL 33846

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CHARMAINE MASSEY T 01/04/2005
Electronic Signature of Signing Officer or Director — Date