


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 08:00 AM
Secretary of State

DOCUMENT# N02000000466	
1. Entry Name CORNERSTONE CHURCH OF THE LIVING GOD, INC.	

Principal Place of Business 4808 HIGHWAY AVE JACKSONVILLE, FL 32254	Mailing Address 4808 HIGHWAY AVE JACKSONVILLE, FL 32254
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DO NOT WRITE IN THIS SPACE



03202003 No Chg-NP CR2E037 (10/03)

4. FEI Number 58-2323565	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 BUNDAGE, DARLENE D 7823 LONGHORN CIRCLE E. JACKSONVILLE, FL 32224-7070

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BUNDAGE, DARLENE D 7823 LONGHORN CIRCLE E. JACKSONVILLE, FL 322247070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KENNEDY, DELOIS 3679 PATTI PARKWAY DECATUR, GA 30034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KENNEDY, EDWIN T SR. 3679 PATTI PARKWAY DECATUR, GA 30034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/27/04-80001-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Darlene D. Bundage</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>5-25-2004</u> <small>Date</small>	<u>904-859-4669</u> <small>Daytime Phone #</small>
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