2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000993

Name:

Address:

City-St-Zip:

KING, DAVID

5610 LOMA VISTA CT.

DAVENPORT, FL 33897

FILED Jan 16, 2007 Secretary of State

Entity Name: CORNERSTONE BAPTIST CHURCH OF CITRUS RIDGE, INC.

Current Principal Place of Business: New Principal Place of Business: 910 TEACHER LANE DAVENPORT, FL 33837 **Current Mailing Address: New Mailing Address:** 723 GLENCO DRIVE DAVENPORT, FL 33897 FEI Number: 75-3020030 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNS, JOEL L 723 GLÉNCO DRIVE DAVENPORT, FL 33897 US 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: () Change () Addition () Delete JOHNS, JOEL L Name: Name: 723 GLENCO DR Address: Address: City-St-Zip: DAVENPORT, FL 33897 City-St-Zip: Title: VD () Delete Title: VΡ (X) Change () Addition BARTLETT, MIKE A Name: DUNLAP, GABE Name: Address: 3051 BLOOMSBURY DR. Address: 635 BLAKE AVE City-St-Zip: KISSIMMEE, FL 34747 City-St-Zip: DAVENPORT, FL 33897 Title: SEC () Delete Title: SEC (X) Change () Addition SNYDER, ADAM BOONE, JIM Name: Name: 307 HOLLINGS HEAD LOOP Address: Address: 301 MERIDIAN ST City-St-Zip: DAVENPORT, FL 33896 City-St-Zip: DAVENPORT, FL 33837 () Delete (X) Change () Addition Title: TR Title: TR

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

KING, DAVID

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SIGNATURE: JOEL L. JOHNS PD 01/16/2007