
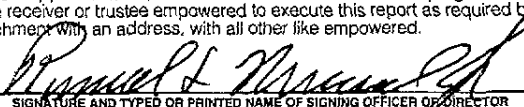


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N03000001483</b> 1. Entity Name CORNERSTONE BAPTIST CHURCH OF CITRUS COUNTY, INC.		
Principal Place of Business 1005 HILLSIDE COURT INVERNESS, FL 34450	Mailing Address 1005 HILLSIDE COURT INVERNESS, FL 34450	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent  MICHAEL, RAYMOND L JR 8001 HALCYON ISLE CT INVERNESS, FL 34450		
DO NOT WRITE 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 _____		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES JOYCE, JACK W 3681 E LAKE PARK HERNANDO, FL 34442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICHEAL JR, RAYMOND 8001 HALCYON ISLE CT INVERNESS, FL 34450	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BROWN, RICHARD S 420 S MONTGOMERY AVE INVERNESS, FL 34452	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
<b>SIGNATURE:</b>  <b>RAYMOND L. MICHAEL</b> 4/24/06 352-726-7335 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

FILED  
Apr 27, 2006 08:00 AM  
Secretary of State



01132006 No Chg-NP CR2E037 (11/05)

4. FEI Number 50-0012987	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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05/09/06-80007-014 70.00