

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90057 012 ****70.00

DOCUMENT # N03000001483 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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 50-0012987	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MICHAEL, RAYMOND L JR 8001 HALCYON ISLE CT INVERNESS, FL 34450			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PRES		TITLE	PRES / T	
NAME	JOYCE, JACK W		NAME		
STREET ADDRESS	3681 E LAKE PARK		STREET ADDRESS		
CITY - ST - ZIP	HERNANDO, FL 34442		CITY - ST - ZIP		
TITLE	VP		TITLE	VP / T	
NAME	MICHEAL JR, RAYMOND		NAME		
STREET ADDRESS	8001 HALCYON ISLE CT		STREET ADDRESS		
CITY - ST - ZIP	INVERNESS, FL 34450		CITY - ST - ZIP		
TITLE	ST		TITLE	S/T	
NAME	BROWN, RICHARD S		NAME	RUSSELL, BRENT	
STREET ADDRESS	420 S MONTGOMERY AVE		STREET ADDRESS	4635 S. SILVER FOX TERRACE	
CITY - ST - ZIP	INVERNESS, FL 34452		CITY - ST - ZIP	INVERNESS, FL 34452	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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.					
SIGNATURE: <i>Raymond L. Michael Jr</i> RAYMOND L. MICHAEL JR 4/5/07 (352) 637-3265					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					