

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003696

FILED
Feb 20, 2009
Secretary of State

Entity Name: CORNERSTONE BIBLE FELLOWSHIP CHURCH INC.

Current Principal Place of Business:

2390 N. W. 87TH STREET
MIAMI, FL 33147 US

New Principal Place of Business:

Current Mailing Address:

2390 N. W. 87TH STREET
MIAMI, FL 33147 US

New Mailing Address:

FEI Number: 81-0610239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HART, WILLIE S REV.
18540 NW 23 AVE
MIAMI, FL 33056 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: P () Delete
Name: HART, WILLIE S REV.
Address: 18540 NW 23 AVE
City-St-Zip: MIAMI, FL 33056 US

Title: VP () Delete
Name: EADDY, SHARON
Address: 2510 N. W. 153RD STREET
City-St-Zip: MIAMI, FL 33054

Title: SEC () Delete
Name: GIBBS, TAMYIA
Address: 18540 NW 23 AVE.
City-St-Zip: MIAMI, FL 33056

Title: TR () Delete
Name: MCINTOSH, EDDIE TRUSTEE
Address: 900 S. BISCAYNE RIVER DRIVE
City-St-Zip: MIAMI, FL 33169 US

Title: TR () Delete
Name: RITA, RIDDICK TRUSTEE
Address: 1801 N. W. 126TH STREET
City-St-Zip: MIAMI, FL 33167 US

Title: TR () Delete
Name: STEPHANIE, SLAUGHTER TRUSTEE
Address: 5771 N. W. 191 TERRACE
City-St-Zip: MIAMI, FL 33015 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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 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.

SIGNATURE: SHARON EADDY

VP

02/20/2009

Electronic Signature of Signing Officer or Director

Date