

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000003784

1. Entity Name  
FAITH CORNERSTONE CHURCH MINISTRY, INC.



Principal Place of Business  
5460 COLLINS CHAPEL ROAD  
MALONE, FL 32445

Mailing Address  
P. O. BOX 518  
MALONE, FL 32445

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

04282007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
02-0647024

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, VIRGINIA M  
4550 MT. PLEASANT RD.  
QUINCY, FL 32352

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

700101627107  
05/07/07--01002--016 \*\*70.00

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution.



\$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 PD  
NAME SMITH, VIRGINIA M  
STREET ADDRESS 4550 MT. PLEASANT RD.  
CITY-ST-ZIP QUINCY, FL 32352 ☐ Delete

TITLE Officer  
NAME Syrene Smith  
STREET ADDRESS 878 Arlington Circle  
CITY-ST-ZIP Quincy, FL 32351 ☐ Change ☒ Addition

TITLE VD  
NAME SMITH, AROCK  
STREET ADDRESS 4550 MT. PLEASANT RD.  
CITY-ST-ZIP QUINCY, FL 32352 ☐ Delete

TITLE Officer  
NAME Aaron Cloud  
STREET ADDRESS 4550 Mt. Pleasant Rd.  
CITY-ST-ZIP Quincy, FL 32352 ☐ Change ☒ Addition

TITLE D  
NAME IVEY, BRUCE  
STREET ADDRESS 138 GENE WILLIAMS RD.  
CITY-ST-ZIP QUINCY, FL 32351 ☐ Delete

TITLE Secretary/Treasurer  
NAME Ugreenal Ivey  
STREET ADDRESS 138 Gene Williams Rd  
CITY-ST-ZIP Quincy, FL 32351 ☐ Change ☒ Addition

TITLE D  
NAME UPSHAW, JERRY  
STREET ADDRESS 3338 VALLEY OAK DR.  
CITY-ST-ZIP MARIANNA, FL 32446 ☒ Delete

TITLE Officer  
NAME Wendy Miley  
STREET ADDRESS 5270 10th Street  
CITY-ST-ZIP Malone, FL 32445 ☐ Change ☒ Addition

TITLE SD  
NAME BRONSON, ARLEATHA  
STREET ADDRESS 1830 HARTSFIELD ROAD  
CITY-ST-ZIP TALLAHASSEE, FL 32303 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME ANDREWS, JAMES  
STREET ADDRESS 3338 VALLEY OAK DR.  
CITY-ST-ZIP MARIANNA, FL 32446 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Bruce A. Ivey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/07/07 850-875-4871  
Date Daytime Phone #