


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000005559**

1. Entity Name  
**CORNERSTONE COMMUNITY BAPTIST CHURCH OF BUSHNELL, INC.**



Principal Place of Business      Mailing Address

801 CR 48 EAST      PO BOX 22  
 BUSHNELL, FL 33513      BUSHNELL, FL 33513

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-NP      CR2E037 (11/05)

4. FEI Number <b>16-1662752</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ALVEY, SHARON M**  
**5197 SE 11TH DRIVE**  
**BUSHNELL, FL 33513-4587**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature/typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THOMAS, RONALD W
STREET ADDRESS	2777 CR 476 EAST
CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	TD
NAME	ALVEY, SHARON M
STREET ADDRESS	5197 SE 11TH DRIVE
CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	SD
NAME	FOSTER, FRANCES
STREET ADDRESS	7076 CR 609-A
CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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110000380434  
 01/11/06-BU013-023 61.25

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: *Sharon M. Alvey*      1-6-06 (352) 793-7945  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #