


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000005559

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



Principal Place of Business 801 CR 48 EAST BUSHNELL, FL 33513	Mailing Address PO BOX 22 BUSHNELL, FL 33513
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

**ALVEY, SHARON M
 5197 SE 11TH DRIVE
 BUSHNELL, FL 33513-4567**

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: *Sharon M. Alvey* **SHARON M. ALVEY** DATE: 1-4-08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

U00000775371
 01/08/08-80027-014 61.25

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE IN THIS SPACE

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* **SHARON M. ALVEY** DATE: 1-4-08 (352) 303-6243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #