

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 11, 2009  
Secretary of State**

DOCUMENT# N03000005559

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

**Current Principal Place of Business:**

801 CR 48 EAST  
BUSHNELL, FL 33513

**New Principal Place of Business:**

777 CR 48 EAST  
BUSHNELL, FL 33513

**Current Mailing Address:**

PO BOX 22  
BUSHNELL, FL 33513

**New Mailing Address:**

FEI Number: 16-1662752      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ALVEY, SHARON M  
5197 SE 11TH DRIVE  
BUSHNELL, FL 335134567 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: PD ( ) Delete  
Name: THOMAS, RONALD W  
Address: 2777 CR 476 EAST  
City-St-Zip: BUSHNELL, FL 33513

Title: TD ( ) Delete  
Name: ALVEY, SHARON M  
Address: 5197 SE 11TH DRIVE  
City-St-Zip: BUSHNELL, FL 33513

Title: SD ( ) Delete  
Name: FOSTER, FRANCES  
Address: 7076 CR 609-A  
City-St-Zip: BUSHNELL, FL 33513

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SD (X) Change ( ) Addition  
Name: FOSTER, FRANCES F  
Address: 7076 CR 609-A  
City-St-Zip: BUSHNELL, FL 33513

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 M. ALVEY

TD

02/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date