2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 13, 2008 08:00 AM **DOCUMENT # N05000000930** Secretary of State CORNERSTONE BAPTIST CHURCH OF GILCHRIST COUNTY, INC. Principal Place of Business Mailing Address . 22297 SW STATE RD 47 PO BOX 457 FORT WHITE, FL 32038 FORT WHITE, FL 32038 01282008 No Chq-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1406592 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MYERS, DAVID DO NOT WRITE 28503 NW CR 1491 ALACHUA, FL 32615 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. 01-30-08 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 U00000825017 02/20/08-80102-015 61.25 Trust Fund Contribution, 🐒 Added to Fees Due by May 1, 2008 10. OFFICERS AND DIRECTORS TITLE NAME PENDER, TIMOTHY STREET ADDRESS 213 SW KNIGHT TERR CITY-ST-ZIP FORT WHITE, FL 32038 TITLE NAME MYERS, DAVID STREET ADDRESS 28503 NW CR 1491 CITY-S1-ZIP ALACHUA, FL 32615 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

HING OFFICER OR DIRECTOR