

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 13, 2009
Secretary of State**

DOCUMENT# N05000003966

Entity Name: CORNERSTONE CHRISTIAN CHURCH OF TAMPA, INC.

Current Principal Place of Business:

18309 TOMLINSON DR.
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 17244
TAMPA, FL 33682

New Mailing Address:

FEI Number: 41-2173451 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOPER, WILLIAM C
18309 TOMLINSON DR.
LUTZ, FL 33549 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: DO () Delete
Name: COOPER, WILLIAM C
Address: 18309 TOMLINSON DR.
City-St-Zip: LUTZ, FL 33549

Title: DV () Delete
Name: SAUCEDO, PETER M
Address: 18509 SUNWARD LAKE PL.
City-St-Zip: LUTZ, FL 33549

Title: DDST () Delete
Name: ABRAHAM, WILLIAM C.P.
Address: 24925 OAKHAVEN CT
City-St-Zip: LUTZ, FL 33559

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: WILLIAM C.P. ABRAHAM

DDST

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date