2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007
Secretary of State

DOCUMENT# N05000011520

Entity Name: CORNERSTONE FELLOWSHIP CHURCH, INC.

Current Principal Place of Business:

PO BOX 272
PERRY, FL 32348

New Principal Place of Business:

1713 S JEFFERSON ST
PERRY, FL 32348

Current Mailing Address:

PO BOX 272
PERRY, FL 32348

New Mailing Address:

FEI Number: 84-1691805 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AGNER, BONNIE S SEC
2450 W FAIR RD
PERRY, FL 32347 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:	D	( ) Delete
Name:	WHORTON, GLEN	
Address:	200 E PACE DR	
City-St-Zip:	PERRY, FL 32347	
Title:	D	( ) Delete
Name:	MARKEY, DANA	
Address:	902 E JULIA	
City-St-Zip:	PERRY, FL 32347	
Title:	D	( ) Delete
Name:	LUNDY, DOYLE	
Address:	2510 LUNDY LANE	
City-St-Zip:	PERRY, FL 32347	
Title:	P	( ) Delete
Name:	WHITFILED, RAY	
Address:	2929 N US HWY 221	
City-St-Zip:	PERRY, FL 32347	
Title:	V	( ) Delete
Name:	AGNER, SAMMY	
Address:	2450 W FAIR RD	
City-St-Zip:	PERRY, FL 32347	
Title:	S	( ) Delete
Name:	AGNER, BONNIE SUE	
Address:	2450 W FAIR RD	
City-St-Zip:	PERRY, FL 32347	

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:	
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 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: BONNIE S AGNER S 02/23/2007

Electronic Signature of Signing Officer or Director — Date