


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2008 8:00 am
Secretary of State

08-13-2008 90002 023 ****61.25

| | | | | | |
|---|---------------------------|--|---|---|--|
| DOCUMENT # N06000011638 | | | |  | |
| 1. Entity Name CORNERSTONE COMMUNITY CHURCH OF PASCO, INC. | | | | | |
| Principal Place of Business 8107 HUTCHINSON DR. NEW PORT RICHEY, FL 34653 | | | Mailing Address 8107 HUTCHINSON DR. NEW PORT RICHEY, FL 34653 | | |
| 2. Principal Place of Business - No P.O. Box # 6540 MASSACHUSETTS AVE. | | | 3. Mailing Address 6540 MASSACHUSETTS AVE. | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State NEW PORT RICHEY, FL | | | City & State NEW PORT RICHEY, FL | | |
| Zip 34653 | | | Zip 34653 | | |
| 4. FEI Number 20-5873240 | | | 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 MOYER, BRIAN 8107 HUTCHINSON DR. NEW PORT RICHEY, FL 34653 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____ | | | | | |
| Filing Fee is \$81.25 Due by September 12, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | OXFORD, ROBERT | | NAME | | |
| STREET ADDRESS | 2424 TARRAGON LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW PORT RICHEY, FL 34655 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MOYER, BRIAN | | NAME | | |
| STREET ADDRESS | 8107 HUTCHINSON DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW PORT RICHEY, FL 33653 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | AYRES, MATT | | NAME | | |
| STREET ADDRESS | 1741 WINSLOE DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW PORT RICHEY, FL 34655 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | D WALLS, BRIAN | |
| STREET ADDRESS | | | STREET ADDRESS | 9249 EDISTRO PLACE | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | NEW PORT RICHEY, FL 34654 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: <i>Brian W. Moyer</i> BRIAN W. MOYER | | | 7-18-08 727-849-4800 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

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