


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000012158

1. Entity Name
CORNERSTONE CHRISTIAN FELLOWSHIP OF NEW SMYRNA BEACH CORP.



Principal Place of Business 706 FAIRWAY DRIVE NEW SMYRNA BEACH, FL 32168	Mailing Address P. O. BOX 1286 NEW SMYRNA BEACH, FL 32170
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DO NOT WRITE IN THIS SPACE



04182008 No Chg-NP CR2E037 (4/06)

4. FEI Number 14-1981767	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**DETTA, BRUCE A
 706 FAIRWAY DRIVE
 NEW SMYRNA BEACH, FL 32168**

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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 reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U000000911119
 05/07/08-80026-019 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	REV DETTA, BRUCE A 706 FAIRWAY DRIVE NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO PIECHOWSKI, CYNTHIA M 109 BIGELOW DRIVE EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DETTA, KRISTEEN C 706 FAIRWAY DRIVE NEW SMYRNA BEACH, FL 32168
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Cynthia M. Piechowski* *Cynthia M. Piechowski* 4/18/08 386 424-5877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #