

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004918

FILED  
Aug 04, 2009  
Secretary of State

**Entity Name:** CORNERSTONE BAPTIST CHURCH OF HERNANDO COUNTY INC.

**Current Principal Place of Business:**

9072 BLACKSTONE ST  
SPRING HILL, FL 34608

**New Principal Place of Business:**

**Current Mailing Address:**

9072 BLACKSTONE ST  
SPRING HILL, FL 34608

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD. SUITE A-100  
TAMPA, FL 33612 US

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: P ( ) Delete  
Name: ROSSITER, RICHARD  
Address: 9072 BLACKSTONE ST  
City-St-Zip: SPRING HILL, FL 34608

Title: S ( ) Delete  
Name: CORRAN, PHIL  
Address: 2284 CANFIELD DR  
City-St-Zip: SPRING HILL, FL 34609

Title: T ( ) Delete  
Name: MITTEN, JOHN  
Address: 24043 TWISTER LN  
City-St-Zip: BROOKSVILLE, FL 34602

**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: JOHN MITTEN

T

08/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date