

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006656

FILED
Apr 09, 2009
Secretary of State

Entity Name: CORNERSTONE FELLOWSHIP OF CHIPLEY, INC.

Current Principal Place of Business:

2502 SARASOTA KANE
PANAMA CITY, FL 32405

New Principal Place of Business:

2502 SARASOTA LANE
PANAMA CITY, FL 32405

Current Mailing Address:

2502 SARASOTA KANE
PANAMA CITY, FL 32405

New Mailing Address:

2502 SARASOTA LANE
PANAMA CITY, FL 32405

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPAN, LARRY M
2502 SARASOTA KANE
PANAMA CITY, FL 32405 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: PD () Delete
Name: CAPAN, LARRY M
Address: 2502 SARASOTA KANE
City-St-Zip: PANAMA CITY, FL 32405

Title: VD () Delete
Name: CAPAN, KAYLA
Address: 2502 SARASOTA KANE
City-St-Zip: PANAMA CITY, FL 32405

Title: STD () Delete
Name: PERRY, DON
Address: 6821 HILLARD STREET
City-St-Zip: SOUTHPORT, FL 32409

Title: D () Delete
Name: TRAYNHAM, JEFF
Address: 87 PINE FOREST LANE
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: FRIEDT, WAYNE
Address: 1718 SHERWOOD LAKES BLVD
City-St-Zip: LAKELAND, FL 33801

Title: D (X) Delete
Name: ALDRIDGE, GREG
Address: 122 AIRPORT RD
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: CAPAN, KAYLA
Address: 2502 SARASOTA KANE
City-St-Zip: PANAMA CITY, FL 32405

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

Title: D (X) Change () Addition
Name: TRAYNHAM, JEFF
Address: 6410 ODOM ROAD
City-St-Zip: LAKELAND, FL 33809

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: LARRY M CAPAN

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date