
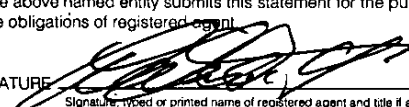
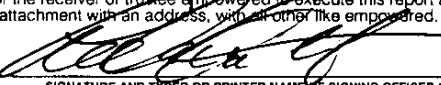


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90057 031 ****61.25

DOCUMENT # N17347 1. Entity Name CORNERSTONE COMMUNITY CHURCH, INC.					
Principal Place of Business 6745 38TH AVE. N ST. PETERSBURG, FL 33710			Mailing Address 6745 38TH AVE. N ST. PETERSBURG, FL 33710		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1669793			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DECK, JOHN W 6745 38TH AVE N SAINT PETERSBURG, FL 33710			7. Name and Address of New Registered Agent Name CRIST, LECAND K 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 		LEAND K. CRIST		04.24.07	
Filing Fee is \$61.25 Due by May 1, 2007		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	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DRESSBACK, JAMES		NAME		
STREET ADDRESS	8316 79TH AVENUE NORTH		STREET ADDRESS		
CITY- ST- ZIP	SEMINOLE, FL 33777		CITY- ST- ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLINE, BOB		NAME		
STREET ADDRESS	6656 31ST WAY S		STREET ADDRESS		
CITY- ST- ZIP	ST. PETERSBURG, FL 33712		CITY- ST- ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURDEN, LINDA K		NAME		
STREET ADDRESS	7310 51ST TERR N		STREET ADDRESS		
CITY- ST- ZIP	SAINT PETERSBURG, FL 33709		CITY- ST- ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LILLY, FRANK		NAME		
STREET ADDRESS	6083 66TH TERRACE NORTH		STREET ADDRESS		
CITY- ST- ZIP	PINELLAS PARK, FL 33781		CITY- ST- ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HICKEY, RAY		NAME		
STREET ADDRESS	5865 37TH AVE. N. #22		STREET ADDRESS		
CITY- ST- ZIP	SAINT PETERSBURG, FL 33710		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: 		LEAND K. CRIST		04.24.07 727.343.7747	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	