## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17347

FILED May 01, 2009 Secretary of State

Entity Name: CORNERSTONE COMMUNITY CHURCH, INC.

Current Principal Place of Business:		New Princ	New Principal Place of Business:	
6745 38TH ST. PETER	AVE. N SBURG, FL 33710			
Current Mailing Address:		New Mailir	New Mailing Address:	
6745 38TH ST. PETER	AVE. N SBURG, FL 33710			
	59-1669793 FEI Number Applied For ( ) e with s. 607.193(2)(b), F.S., the corporation did not Address of Current Registered Agent:		· ,	
CRIST, LEL 6745 38TH SAINT PET The above	LAND K AVE N ERSBURG, FL 33710 US named entity submits this statement for the pu		s registered office or registered agent, or both,	
in the State	_			
SIGNATUR	Electronic Signature of Registered Ager	nt	 Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( ) Delete KLINE, BOB 6656 31ST WAY S ST. PETERSBURG, FL 33712	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition MARTIN, DEXTER 6388 HAMPTON DR N ST. PETERSBURG, FL 33710	
Title: Name: Address: City-St-Zip:	S () Delete BURDEN, LINDA K 7310 51ST TERR N SAINT PETERSBURG, FL 33709	Title: Name: Address: City-St-Zip:	S (X) Change ( ) Addition JACKSON, JODEE 5931 90TH AVE PINELLAS PARK, FL 33782	
Title: Name: Address: City-St-Zip:	C () Delete BULLOCK, REX 1718 SPLIT FORK DR OLDSMAR, FL 34677	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition REITZ, RANDY 4162 105TH AVE CLEARWATER, FL 33762	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition LORENZO, PAMELA 939 PARK AVE N ST PETERSBURG, FL 33709	
Title: Name: Address: City-St-Zip:	( ) Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition HODGE, DOUGLAS 11566 7TH LANE N ST PETERSBURG, FL 33716	

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: LELAND K CRIST T 05/01/2009