**FILE NOW: FILING FEE IS $61.25**

NONPROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Apr 16, 1999 8:00 am**
**Secretary of State**
04-16-1999 90022 049 ****70.00

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DOCUMENT # N21001

1. Corporation Name

CORNERSTONE BAPTIST CHURCH OF LAKELAND, FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6725 GREEN ROAD<br>LAKELAND FL 33810<br>US | 6725 GREEN ROAD<br>LAKELAND FL 33810<br>US |

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed: 06/05/1987

4. FEI Number: 59-2630611 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SHULTZ, FARRELL
4311 E. KHIGHTS GRIFFIN RD.
PLANT CITY FL 33565

10. Name and Address of New Registered Agent

81 Name: Farrell E Shultz, Treasurer
82 Street Address (P.O. Box Number is Not Acceptable): 6725 Green Road
83: Lakeland, Florida 33810
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | CONBOY, TIMOTHY | | 1.2 NAME | |
| STREET ADDRESS | 2609 SHADYWOOD PL. | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | | 1.4 CITY-ST-ZIP | |
| TITLE | TD | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | SHULTZ, FARRELL | | 2.2 NAME | |
| STREET ADDRESS | 4311 E. KNIGHTS GRIFFIN RD. | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANT CITY FL 33565 | | 2. 4 CITY-ST-ZIP | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | STOKES, CATHI | | 3.2 NAME | |
| STREET ADDRESS | 3116 SPIVEY ROAD | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL 33810 | | 3.4. CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Farrell E Shultz **ARE REQUIRED** Farrell E Shultz, Treasurer 4-11-99 (941) 853-4956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #