

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 16, 1999 8:00 am § Secretary of State

04-16-1999 90022 049 ****70.00

DOCUMENT # N21001

1. Corporation Name

CORNERSTONE BAPTIST CHURCH OF LAKELAND, FLORIDA,

Principal Place of Business

Mailing Address

Principal Place of Business 2a Mailing Address 2b Color 2c
Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 4. FEI Number
Section Sect
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Zip Country Zip Country Zip Country St. Old May Be Added to Fees Added to Fees St. Old May Be Added to Fees
9. Name and Address of Current Registered Agent SHULTZ, FARRELL 4311 E. KHIGHTS GRIFFIN RD. PLANT CITY FL 33565 12. Ackel and, Florida 33810 14. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes. The above-named corrections of gleaning agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, Typed or printed name of registered agent and this 1 applicable. (NOTE Registered Agent algorithm required white resistating) ATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME CONBOY, TIMOTHY 12. NAME CONBOY, TIMOTHY 12. NAME CONBOY, TIMOTHY 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ACITY-ST-ZP LAKELAND FL 15. TIME 10. Change Addition NAME STREET ADDRESS CITY-ST-ZP LAKELAND FL SD DELETE 31 TIME Change Addition Addition ACITY-ST-ZP PLANT CITY FL 33565 DELETE 41 TIME Change Addition ACITY-ST-ZP LAKELAND FL Addition ACITY-ST-ZP Additio
SHULTZ, FARRELL 4311 E. KHIGHTS GRIFFIN RD. PLANT CITY FL 33565 22 Street Address (P.O. Box Number is Not Acceptable) 6725 Green Road 2 Lake Land, Florida 33810 24 City FL 85 Zip Code The presentation 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 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, and familiar with, and accept the obligations of, Section 617.0502, Florida Statutes. SIGNATURE Signature, typed or preted name of registered agent and like it applicable. (NOTE: Registered Agent signature required when resistating) ATE TILE PD OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE PD OELETE 11 ITILE CONBOY, TIMOTHY 12 YNAME STREET ADDRESS 2609 SHADWWOOD PL. 14 CITY-ST-ZIP LAKELAND FL 33565 TILE SD OELETE 31 TILE SD OELETE 31 TILE SD OELETE 31 TILE STREET ADDRESS 3116 SPIVEY ROAD 32 STREET ADDRESS 3116 SPIVEY ROAD 34 CITY-ST-ZIP LAKELAND FL 33810 ALCITY-ST-ZIP
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PLANT CITY FL 33565 Bay Lake land, Florida 33810
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, and accept the obtained agent and title if applicable. SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD
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 agent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes SIGNATURE Signature, hyped of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD ORBOY, TIMOTHY 1.2 NAME CONBOY, TIMOTHY 1.2 STREET ADDRESS 2009 SHADYWOOD PL. 1.3 STREET ADDRESS 2009 SHADYWOOD PL. 1.3 STREET ADDRESS 4311 E. KNIGHTS GRIFFIN RD. 2.2 NAME STREET ADDRESS 4311 E. KNIGHTS GRIFFIN RD. DELETE 3.1 TITLE DIRECTOR'S 3.2 PLANT CITY FL 33565
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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:

REFAREDEDShultz, Treasurer