

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21001

1. Entity Name

CORNERSTONE BAPTIST CHURCH OF LAKE LAND, FLORIDA,

Principal Place of Business

Mailing Address

6725 GREEN ROAD
LAKE LAND FL 33810
US

6725 GREEN ROAD
LAKE LAND FL 33810-4849
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2630611

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHULTZ, FARRELL
6725 GREEN ROAD
LAKE LAND FL 33810

Name

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CONBOY, TIMOTHY
STREET ADDRESS 2609 SHADYWOOD PL.
CITY-ST-ZIP LAKE LAND FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME SHULTZ, FARRELL
STREET ADDRESS 4311 E. KNIGHTS GRIFFIN RD.
CITY-ST-ZIP PLANT CITY FL 33565

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME STOKES, CATHI
STREET ADDRESS 3116 SPIVEY ROAD
CITY-ST-ZIP LAKE LAND FL 33810

☒ Delete

TITLE SD
NAME HANNA, JERILYNN
STREET ADDRESS 6725 Green Road
CITY-ST-ZIP Lake Land FL 33810

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 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: *Farrell E. Shultz*
Farrell E. Shultz, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-00

863.853.4956

CR2E037 (9/99)