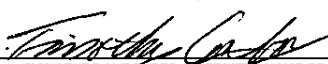


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90028 044 ****70.00

DOCUMENT # N21001 1. Entity Name CORNERSTONE BAPTIST CHURCH OF LAKELAND, FLORIDA, INC.							
Principal Place of Business 6725 GREEN ROAD LAKELAND FL 33810 US			Mailing Address 6725 GREEN ROAD LAKELAND FL 33810 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 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent SHULTZ, FARRELL 6725 GREEN ROAD LAKELAND FL 33810			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.							
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 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	PD	☐ Delete	TITLE	☐ Change ☐ Addition			
NAME	CONBOY, TIMOTHY		NAME				
STREET ADDRESS	2609 SHADYWOOD PL.		STREET ADDRESS				
CITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP				
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition			
NAME	SHULTZ, FARRELL		NAME				
STREET ADDRESS	4311 E. KNIGHTS GRIFFIN RD.		STREET ADDRESS				
CITY-ST-ZIP	PLANT CITY FL 33565		CITY-ST-ZIP				
TITLE	SD	☒ Delete	TITLE	☐ Change ☒ Addition			
NAME	GIOVANNUCCI, LISA		NAME	SD			
STREET ADDRESS	7510 OAK HAVEN DR		STREET ADDRESS	Jeannie Keyes			
CITY-ST-ZIP	LAKELAND FL 33810		CITY-ST-ZIP	2132 Longleaf Circle			
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition			
NAME	MALIN, JEFF		NAME				
STREET ADDRESS	3847 ABBOTT LANE		STREET ADDRESS				
CITY-ST-ZIP	LAKELAND FL 33810		CITY-ST-ZIP				
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition			
NAME	DANIELS, JOE		NAME				
STREET ADDRESS	1808 SUTTON RD		STREET ADDRESS				
CITY-ST-ZIP	LAKELAND FL 33810		CITY-ST-ZIP				
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition			
NAME	HOOVER, ANDREW		NAME				
STREET ADDRESS	710 W. SOCRUM LOOP #11		STREET ADDRESS				
CITY-ST-ZIP	LAKELAND FL 33807		CITY-ST-ZIP				
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: 			Timothy Conboy				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date				
			January 27, 2004				
			(863) 853-4956				
			Daytime Phone #				