


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90278 002 \*\*\*\*70.00

|   |   |
|---|---|
| <b>DOCUMENT # N21001</b><br>1. Entity Name<br>CORNERSTONE BAPTIST CHURCH OF LAKE LAND,<br>FLORIDA, INC. |  |
|---|---|

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

20046721



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

04202005 Chg-NP CR2E037 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-2630611 | Applied For<br>Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required |
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|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent           |  | 7. Name and Address of New Registered Agent                                       |  |
| SHULTZ, FARRELL<br>6725 GREEN ROAD<br>LAKE LAND, FL 33810 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 |
|-----------|--|------|

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|---|--|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CONBOY, TIMOTHY<br>2609 SHADYWOOD PL.<br>LAKE LAND, FL <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>CONBOY, TIMOTHY<br>8624 Harrison Road<br>Lakeland, FL 33810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>SHULTZ, FARRELL<br>4311 E. KNIGHTS GRIFFIN RD.<br>PLANT CITY, FL 33565 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>KEYES, JEANNIE<br>2132 LONGLEAF CIRCLE<br>LAKE LAND, FL 33810 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>MALIN, JEFF<br>3847 ABBOTT LANE<br>LAKE LAND, FL 33810 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>MALIN, JEFF<br>7816 Habersham Dr.<br>Lakeland, FL 33810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>DANIELS, JOE<br>1808 SUTTON RD<br>LAKE LAND, FL 33810 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>DANIELS, JOE<br>10415 SHERROUSE RD.<br>LAKE LAND, FL 33810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>HOOVER, ANDREW<br>710 W. SOCRUM LOOP #11<br>LAKE LAND, FL 33807 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>HOOVER, ANDREW<br>710 W. Socrum Loop #11<br>Lakeland, FL 33809 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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.

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|--|-----------------------|
| <b>SIGNATURE:</b> TIMOTHY CONBOY  | 04-20-05 863/853-4956 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   | Date Daytime Phone #  |