

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90144 002 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N28119**  
 1. Entity Name  
**CORNERSTONE CHRISTIAN CHURCH OF THE SUNCOAST INC**

Principal Place of Business      Mailing Address  
 19832 COUNTY LINE RD.      19832 COUNTY LINE RD.  
 SPRING HILL FL 34610      SPRING HILL FL 34610-7132

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      Applied For  
**59-2932336**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**REGNAUD, NORMAN L.**  
**2316 RIO CIR**  
**SPRING HILL, FL 34608**

**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.

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

**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**

TITLE	<del>D</del> <input checked="" type="checkbox"/> Delete
NAME	<del>MONK GUERDON</del>
STREET ADDRESS	<del>17704 DRAYTON ST</del>
CITY-ST-ZIP	<del>SPRING HILL FL</del>
TITLE	D <input type="checkbox"/> Delete
NAME	WARREN, THEODORE
STREET ADDRESS	7415 JASBOW JCT.
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	D <input type="checkbox"/> Delete
NAME	REGNAUD, NORMAN
STREET ADDRESS	2316 RIO CIR
CITY-ST-ZIP	SPRING HILL FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<del>D</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>Ernest</del>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pine, Ernest
STREET ADDRESS	20136 Twin Oaks Rd
CITY-ST-ZIP	Brooksville FL 34610
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Theodore E. Warren      **Theodore E. Warren**      4/24/00      352-799-1581  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)