

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28119

1. Entity Name

CORNERSTONE CHRISTIAN CHURCH OF THE SUNCOAST INC

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

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

Principal Place of Business

Mailing Address

19832 COUNTY LINE RD.
SPRING HILL FL 34610

19832 COUNTY LINE RD.
SPRING HILL FL 34610-7132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2932336

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 ~~D~~ ☒ Delete
NAME ~~MONK GUERDON~~
STREET ADDRESS ~~17704 DRAYTON ST~~
CITY-ST-ZIP ~~SPRING HILL FL~~

TITLE ~~D~~ ☐ Change ☒ Addition
NAME ~~Ernest~~
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WARREN, THEODORE
STREET ADDRESS 7415 JASBOW JCT.
CITY-ST-ZIP BROOKSVILLE FL

TITLE D ☐ Change ☒ Addition
NAME Pine, Ernest
STREET ADDRESS 20136 Twin Oaks Rd
CITY-ST-ZIP Brooksville FL 34610

TITLE D ☐ Delete
NAME REGNAUD, NORMAN
STREET ADDRESS 2316 RIO CIR
CITY-ST-ZIP SPRING HILL FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

352-799-1581

Date

Daytime Phone #

CR2E037 (9/99)