

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 26, 2000 8:00 am
Secretary of State

04-24-2000 90100 038 ****61.25

DOCUMENT # N33638

1. Entity Name

CORNERSTONE CHRISTIAN CHURCH OF DELTONA, FLORIDA

Principal Place of Business

Mailing Address

2813 HOWLAND BLVD
 DELTONA FL 32725

2813 HOWLAND BLVD.
 DELTONA FL 32725-9620

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
59-3011928

Applied For
 Not Applicable

5. Certificate of Status Desired.

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIERCE, JOHN R.
2674 HOWLAND BLVD.
DELTONA FL 32738

Name **KEN KEY**
 Street Address (P.O. Box Number is Not Acceptable)
2041 PRAIRIE CIRCLE
 City **DELTONA** FL Zip Code **32725**

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

[Handwritten Signature]

KENNETH KEY
MINISTER

4/16/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	PRIVETTE, RICK	1142 LEEWARD DR	DELTONA FL 32738	<input type="checkbox"/>
D	DEAN, RASHFORD	2723 HOWLAND BLVD.	DELTONA FL	<input checked="" type="checkbox"/>
D	TIM HAYNES	273 FISHER DR	DELTONA FL 32738	<input type="checkbox"/>
D	LORENZ, CLYDE	2707 GRAMERCY DRIVE	DELTONA FL	<input checked="" type="checkbox"/>
D	JAMES WALTER	3136 TELFORD LN	DELTONA FL 32738	<input type="checkbox"/>
D				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	RICK PRIVETTE	1142 LEEWARD DRIVE	DELTONA, FL 32738	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	KEVIN KEY	1784 CURRY AVENUE	DELTONA, FL 32738	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	TIMOTHY W. HAYNES	273 FISHER DRIVE	DELTONA, FL 32725	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	ROBERT LAWSON	2980 HARPER STREET	DELTONA, FL 32738	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	JAMES WALTER	3135 TELFORD LANE	DELTONA, FL 32738	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	MICHAEL SHANNON	861 WESTBROOK TERRACE	DELTONA, FL 32725	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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:

[Handwritten Signature] **KENNETH KEY**

4/16/00

(904) 537-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99) DELETE