2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33638

FILED Apr 05, 2007 Secretary of State

Entity Name: CORNERSTONE CHRISTIAN CHURCH OF DELTONA, FLORIDA, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	VLAND BLVD A, FL 32725			
Current Mailing Address:			New Mailing Address:	
	VLAND BLVD A, FL 32725			
FEI Numbe	r: 59-3011928	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
KEY, KEV 1784 CUF DELTONA		US		
	e named entity : e of Florida.	submits this statement for the	ourpose of changing its registere	ed office or registered agent, or both,
in the Stat	e of Florida.	submits this statement for the	ourpose of changing its registere	ed office or registered agent, or both,
in the Stat	e of Florida.	submits this statement for the pair is state		ed office or registered agent, or both, Date
in the Stat SIGNATU	e of Florida.	nic Signature of Registered Ag	ent	
in the Stat SIGNATU OFFICER Title: Name: Address:	e of Florida. RE: Electron S AND DIREC D HAYNES, TIMO 273 FISHER DI	nic Signature of Registered Ag TORS: Delete OTHY R.	ent	Date
in the Stat SIGNATU OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	Electror S AND DIREC D () HAYNES, TIMO 273 FISHER DI DELTONA, FL	nic Signature of Registered Ag TORS:) Delete OTHY R. 32725) Delete SS AVE.	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR
in the Stat SIGNATU	E of Florida. RE: Electror S AND DIREC D () HAYNES, TIMO 273 FISHER DI DELTONA, FL D () DOVER, GARY 1606 FENTRES DELTONA, FL	TORS: Delete OTHY R. 32725 Delete SS AVE. 32738 Delete	ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date EES TO OFFICERS AND DIRECTOR () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON ADAIR D 04/05/2007