2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40120

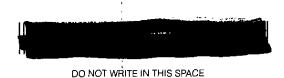
1. Entity Name



FILED Jun 23, 2000 8:00 am Secretary of State

06-23-2000 90102 025 ****61.25

CORNERSTONE CHRISTIAN FELLOWSHIP, INC. Principal Place of Business Mailing Address CORNERSTONE CHRISTIAN FELLOWSHIP 6987 54TH AVE NO ST PETERSBURG FL 33709-3003 6987 54TH AVE. NO ST PETERSBURG FL 33709 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Country Zip Zip 6. Name and Address of Current Registered Agent



4. FEI Number Applied For 59-3029187 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent

FAWCETT, F. DAVID 5435 70TH WAY NO ST PETERSBURG FL 33709

OFFICERS AND DIRECTORS

Name		1		
Street Address	(P.O. Box Number is Not	Acceptable)		
Citv			 Zip Code	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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)

11.

FIL	Εi	NO	W:
FEE	IS	\$6	1.25

10.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to **Department of State**

Addition PD TITLE ☐ Change TITLE ☐ Delete FAWCETT, F. DAVID NAME NAME 137 5435 70TH WAY NO STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ST. PETERSBURG FL 뚱 ☐ Change ☐ Addition ☐ Delete TITLE TITLE MCDONALD, TED NAME NAME STREET ADDRESS 5445*70TH WAY, N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33709 5 O Change Addition SD ☐ Delete TITLE TITLE FAWCETT, MARIAN NAME STREET ADDRESS 1451 63RD TERR SO. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL ☐ Change Addition TITLE TITLE ☐ Delete SURPRENT, GREG NAME STREET ADDRESS STREET ADDRESS 5425 70TH WAY NO CITY-ST-ZIE CITY-ST-7IP ST. PETERSBURG FL Delete ☐ Change Addition TITLE TITLE train, gene NAME NAME 2260 Harm 3100 STREET ADDRESS STREET ADDRESS 4800 LAKE VILLA DRIVE CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL**

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. It 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition