

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90107 006 ****61.25

DOCUMENT # N40120

1. Entity Name

CORNERSTONE CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business

Mailing Address

**CORNERSTONE CHRISTIAN FELLOWSHIP
 6987 54TH AVE. NO
 ST PETERSBURG FL 33709
 US**

**6987 54TH AVE NO
 ST PETERSBURG FL 33709
 US**

00000100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3029187

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

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

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 Delete
 NAME **PD FAWCETT, F. DAVID**
 STREET ADDRESS **5435 70TH WAY NO**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD MCDONALD, TED**
 STREET ADDRESS **5445 70TH WAY, N**
 CITY-ST-ZIP **ST PETERSBURG FL 33709**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD FAWCETT, MARIAN**
 STREET ADDRESS **5435 70TH WAY NORTH**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SURPRENT, GREG**
 STREET ADDRESS **5425 70TH WAY NO**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD SCHUELER, MICHAEL**
 STREET ADDRESS **2280 HAM BLVD**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE Change Addition
 NAME **SP Judy Cawley**
 STREET ADDRESS **3615 Ball's Blk. Dista Drive East.**
 CITY-ST-ZIP **ST Pete Beach, FLA 33706**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/07/02

727-546-4594

CR2E037 (9/01)