

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40120

1. Entity Name

CORNERSTONE CHRISTIAN FELLOWSHIP, INC.

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

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

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

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

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

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

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/07/02

727-546-4594

CR2E037 (9/01)