2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40120

FILED Jan 21, 2005 Secretary of State

Entity Name: CORNERSTONE CHRISTIAN FELLOWSHIP, INC. **Current Principal Place of Business: New Principal Place of Business:** CORNERSTONE CHRISTIAN FELLOWSHIP 6281 90TH AVE N PINELLAS PARK, FL 33782 US **New Mailing Address: Current Mailing Address:** 7015 53RD AVE NORTH SAINT PETERSBURG, FL 33709 US FEI Number: 59-3029187 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FAWCETT, F. DAVID 7015 53RD AVE N ST PETERSBURG, FL 33709 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FAWCETT, F. DAVID Name: Name: 7015 53RD AVE N Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33709 City-St-Zip: Title: VTD () Delete Title: () Change () Addition Name: FAWCETT, MARIAN, Name: Address: 7015 53RD AVE NORTH Address: City-St-Zip: SAINT PETERSBURG, FL 33709 City-St-Zip: Title: () Delete Title: () Change () Addition CAWLEY, JUDY Name: Name: Address: 3675 BELLE VISTA DR E Address: City-St-Zip: SAINT PETERSBURG, FL 33706 City-St-Zip: Title: SD () Delete Title: SD (X) Change () Addition Name: BLEMING, ROBERT Name: BLESSING, ROBERT Address: 10373 54TH AVE N Address: 10373 54TH AVE N City-St-Zip: SAINT PETERSBURG, FL 33708 City-St-Zip: SAINT PETERSBURG, FL 33708

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARIAN FAWCETT VTD 01/21/2005