

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90009 048 ****61.25

DOCUMENT # N40120

1. Entity Name
CORNERSTONE CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business
**CORNERSTONE CHRISTIAN FELLOWSHIP
6987 54TH AVE. NO
ST PETERSBURG FL 33709
US**

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

2. Principal Place of Business
6281 90th Ave No

3. Mailing Address
7015 53rd Ave No

Suite, Apt. #, etc.

City & State
St Petersburg Fla

City & State
St. Petersburg Fla.

Zip
33709

Country
USA

Zip
33782

Country
USA

4. FEI Number **59-3029187**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FAWCETT, F. DAVID
5435 70TH WAY NO
ST PETERSBURG FL 33709**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
7015 53rd Ave. No

City **St Petersburg** FL Zip Code **33709**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FAWCETT, F. DAVID 5435 70TH WAY NO ST. PETERSBURG FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MCDONALD, TED 5445 70TH WAY, N ST PETERSBURG FL 33709 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD FAWCETT, MARIAN 5435 70TH WAY NORTH SAINT PETERSBURG FL 33709 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SURPRENT, GREG 5425 70TH WAY NO ST. PETERSBURG FL <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SCHUELER, MICHAEL 2260 HAM BLVD CLEARWATER FL 33764 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7015 53rd Ave No ST Petersburg Fla 33709 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Judy Cawley 3615 Belle Vista Dr. East St Pete Beach, Fla 33706. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD Robert Bleasing 10373 54th Ave No. St Petersburg, Fla 33708 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: **F. Fawcett** 1/8/03 727-546-2471

CRE037 (10/02)