

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90132 026 ****61.25

DOCUMENT # N41957

1. Entity Name

CORNERSTONE BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

2925 CANOE CREEK
 ST CLOUD FL 34772

2925 CANOE CREEK
 ST CLOUD FL 34772-6504

00010000



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

59-2906922

Applied For

Not Applied

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

BLACKWELL, J. NATHAN
2925 CANOE CREEK RD.
ST. CLOUD FL 34772

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.

J. Nathan Blackwell, President

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/00

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	<input type="checkbox"/> Delete
NAME	BLACKWELL, J NATHAN	
STREET ADDRESS	400 CHANCELLOR CT	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JONES, GARY	
STREET ADDRESS	1825 CHERRYWOOD CT	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BLACKWELL, TRISHA	
STREET ADDRESS	400 CHANCELLOR COURT	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAUKNIGHT, ANNIE	
STREET ADDRESS	4325 MILDRED BASS ROAD	
CITY-ST-ZIP	ST CLOUD FL 34772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J. Nathan Blackwell, President*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00 407-892-3300
 Date Daytime Phone #