2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005453

City-St-Zip:

CORAL SPRINGS, FL 33065

FILED Feb 17, 2009 Secretary of State

Entity Name: CORNERSTONE BAPTIST CHURCH OF BROWARD COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business: 3301 RIVERSIDE DRIVE CORAL SPRINGS, FL 33065 US **Current Mailing Address: New Mailing Address:** 3301 RIVERSIDE DRIVE CORAL SPRINGS, FL 33065 US FEI Number: 65-0452446 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: DAILEY, WILLIAM J BAILEY, WILLIAM J 3301 RIVERSIDE DR 3301 RIVERSIDE DR CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 US 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: WILLIAM J BAILEY 02/17/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition WILLIAM, BAILEY J WILLIAM, BAILEY J Name: Name: 3301 RIVERSIDE DR. Address: 3301 RIVERSIDE DR. Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33065 Title: Title: () Delete () Change () Addition Name: CRABTREE, CHARLES D Name: Address: 3301 RIVERSIDE DR Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: Title: () Delete Title: () Change () Addition HOLLINGSWORTH, JOSEPH P Name: Name: 3301 RIVERSIDE DR. Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: () Delete Title: Title: (X) Change () Addition OSUNIFISAN, JOE Name: Name: OSUNIFISAN, JOE 3301 RIVERSIDE DR. 3301 RIVERSIDE DR. Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33065 Title: (X) Delete Title: () Change () Addition OSUNFISAN, JOE Name: Name: 3301 RIVERSIDE DR. Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

City-St-Zip:

SIGNATURE: WILLIAM J BAILEY D 02/17/2009