

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000005530

1. Entity Name  
CORNERSTONE PENTACOSTAL CHURCH OF GOD  
INCORPORATED



FILED

06 AUG 10 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3011 N.W. 195TH ST.  
CARROLL CITY, FL 33056

Mailing Address

3011 N.W. 195TH ST.  
CARROLL CITY, FL 33056



08032006 No Chg-NP

CR2E037 (4/06)

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4. FEI Number  
65-0488283

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EPPS, VICTORIA E REV.  
3011 N.W. 195TH ST.  
CARROLL CITY, FL 33056

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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 *Victoria E Epps*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-5-06

Filing Fee is \$61.25  
Due by September 8, 2006

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME EPPS, VICTORIA E REV.  
STREET ADDRESS 3011 N.W. 195TH ST.  
CITY-ST-ZIP CARROL CITY, FL 33056

TITLE D  
NAME HENRY, GEORGE  
STREET ADDRESS 1226 JANN AVE.  
CITY-ST-ZIP OPALOCA, FL 33054

TITLE D  
NAME WHITE, EVADNEY  
STREET ADDRESS 3020 N.W. 195TH ST.  
CITY-ST-ZIP CARROL CITY, FL 33056

TITLE D  
NAME EPPS, GEORGE  
STREET ADDRESS 3020 NW 195TH ST  
CITY-ST-ZIP CARROL CITY, FL 33056

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Victoria E. Epps*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-06 305-6286778

Date

Daytime Phone #

7c 8/11