

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001286

1. Entity Name

CORNERSTONE CHURCH & SEMINARY, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90109 028 ****70.25

Principal Place of Business

Mailing Address

614 RAMIE LN.
PORT ST. LUCIE FL 34952

614 RAMIE LN.
PORT ST. LUCIE FL 34952-1389

2. Principal Place of Business

3. Mailing Address

na
Suite, Apt. #, etc.

na
Suite, Apt. #, etc.

Port St. Lucie, FL 34952
City & State

PSL, FL 34952
City & State

4. FEI Number

59-3262277

Applied For

Not-Applicable

Zip

Country

Zip

Country

34952

St. Lucie

34952

St.

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

MOORE, MARY
614 RAMIE LN.
PORT ST. LUCIE FL 34952

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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 NAME | PD MOORE, MARY | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 614 RAMIE LN. PORT ST. LUCIE FL 34952 | |
| TITLE NAME | SD ANDERSON, JERRIE RENE'E | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 106 ESTIA LANE PORT ST. LUCIE FL 34983 | |
| TITLE NAME | SD BRUNSON, VIOLA | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 1402 CITRUS AVE. FT. PIERCE FL 34950 | |
| TITLE NAME | TD SHAW, JACK | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | 12 WATER STREET JACKSONVILLE FL 32202 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | | |

| | | |
|-------------------------------|--|--|
| TITLE NAME | PD MOORE-MARY | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 614 Ramie Ln. Port St. Lucie FL 34952 | |
| TITLE NAME | SD Anderson, JERRIE RENE'E | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 106 ESTIA LANE PORT ST. LUCIE 34983 FL. | |
| TITLE NAME | SD ANN M. POLCARI | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 432 SE WHITMORE DRIVE PORT ST. PORT FL. 34984 | |
| TITLE NAME | TD OPAL HAYDOCK | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 1223 B1, South Lakes Dr. FT. PIERCE FL. 34982 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)