2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State
04-05-2004 90399 019 ****61.25

DOCUMENT # N94000001286

1. Entity Name

CORNERSTONE CHURCH & SEMINARY, INC.

24035355

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
614 RAMIE LN. PORT ST. LUCIE FL 34952	614 RAMIE LN. PORT ST. LUCIE FL 34952

2. Principal Place of Business	3. Mailing Address
614 Ramie Ln.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St Lucie FL	City & State:
Zip: 34952 Country:	Zip: Country:

4. FEI Number: 59-3262277 ☐ Applied For ☐ Not Applicable

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: SAME 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. 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
Due By May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOORE, MARY 614 RAMIE LN. PORT ST. LUCIE FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	I ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ANDERSON, JERRIE RENE'E 106 ESTIA LANE PORT ST. LUCIE FL 34983	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ VP Pastor Raymond Wilson P.O BOX 829 Sharon PA 16146 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LONG, JANICE 3008 SUNRISE BLVD FORT PIERCE FL 34982	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~Christian~~ Torelli ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HAYDOCK, OPAL 1223 BL SOUTH LAKES DR. FT. PIERCE FL 34982	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TORELLI, CAYAN 6168 FORDHAM CIRCLE EAST JACKSONVILLE FL 32217-2455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BRUBAKER, JERRIE R 926 SE PAINE VILLE PORT SAINT LUCIE FL 34983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Jerrie Brubaker 614 Ramie Ln PORT ST Lucie FL 34952 ☑ Change ☐ 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: Mary Moore 3/04/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #