

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90065 040 \*\*\*\*61.50

DOCUMENT # N94000001286

1. Entity Name  
CORNERSTONE CHURCH & SEMINARY, INC.



Principal Place of Business  
614 RAMIE LANE  
PORT ST. LUCIE, FL 34952

Mailing Address  
614 RAMIE LN.  
PORT ST. LUCIE, FL 34952

20022611



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-3262277

Applied For  
Not Applicable

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

~~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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

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 PD  
NAME MOORE, MARY ☐ Delete  
STREET ADDRESS 614 RAMIE LN.  
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

TITLE PD MARY MOORE ☐ Change ☐ Addition  
NAME 614 Ramie Lane  
STREET ADDRESS Port St Lucie Fl. 34952  
CITY-ST-ZIP

TITLE VP  
NAME WILSON, RAYMOND PSTR. ☐ Delete  
STREET ADDRESS P.O. BOX 824  
CITY-ST-ZIP SHARON, PA 16146

TITLE VP PSTR RAYMOND WILSON ☐ Change ☐ Addition  
NAME P.O. Box 824  
STREET ADDRESS Sharon, PA 16146  
CITY-ST-ZIP

TITLE SD  
NAME LONG, JANICE ☐ Delete  
STREET ADDRESS 3008 SUNRISE BLVD  
CITY-ST-ZIP FORT PIERCE, FL 34982

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME HAYDOCK, OPAL ☐ Delete  
STREET ADDRESS 1223 BL  
CITY-ST-ZIP SOUTH LAKES DR. FT. PIERCE, FL 34982

TITLE TP OPAL Haydock ☐ Change ☐ Addition  
NAME Same  
STREET ADDRESS 1223 BL  
CITY-ST-ZIP Ft. Pierce FL 34982

TITLE SD  
NAME TORELLI, CAYAN ☐ Delete  
STREET ADDRESS 6168 FORDHAM CIRCLE EAST  
CITY-ST-ZIP JACKSONVILLE, FL 322172455

TITLE SD Cayan TORELL ☐ Change ☐ Addition  
NAME 6168 Fordham Circle East  
STREET ADDRESS Jacksonville, FL 32217-2455  
CITY-ST-ZIP

TITLE SD  
NAME BRUBAKER, JERRIE R ☐ Delete  
STREET ADDRESS 614 RAMIE LANE  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE SD Raymond B. Mims ☐ Change ☐ Addition  
NAME 614 Ramie Lane  
STREET ADDRESS Port St Lucie FL 34952  
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: Mary Moore  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/06

Date

Daytime Phone #