


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90076 013 ****61.50

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|--|--|---|--|---|--|
| 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 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 59-3262277 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MOORE, MARY 614 RAMIE LN. PORT ST. LUCIE, FL 34952 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE 4-22-06 <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WILSON, RAYMOND PSTR. P.O. BOX 824 SHARON, PA 16146 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HAYDOCK, OPAL 1223 BL SOUTH LAKES DR. FT. PIERCE, FL 34982 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD TORELLI, CAYAN 6168 FORDHAM CIRCLE EAST JACKSONVILLE, FL 322172455 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MIMS, RAYMOND B 614 RAMIE LANE PORT SAINT LUCIE, FL 34952 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MIMS, RAYMOND B 614 RAMIE LANE PORT SAINT LUCIE, FL 34952 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MIMS, RAYMOND B 614 RAMIE LANE PORT SAINT LUCIE, FL 34952 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <i>Mary H. Moore</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date 772-346-5224 <small>Daytime Phone #</small> | |