


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2007 8:00 am
Secretary of State

06-21-2007 90024 001 ****61.25

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
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2. Principal Place of Business - No P.O. Box # 614 Ramie Lane	3. Mailing Address 614 Ramie Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Port Saint Lucie, FL	City & State Port Saint Lucie, FL
Zip 34952	Zip 34952
Country U.S.	Country U.S.

6. Name and Address of Current Registered Agent MOORE, MARY 614 RAMIE LN. PORT ST. LUCIE, FL 34952	
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7. Name and Address of New Registered Agent Name: Mary Moore Street Address (P.O. Box Number is Not Acceptable): 614 Ramie Lane City: Port St. Lucie FL Zip Code: 34952	
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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: <i>Mary Moore</i> <small>Signature: typed or printed name of registered agent and title if applicable</small>	DATE: 6/15/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>
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Filing Fee is \$61.25 Due by September 14, 2007	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
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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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mary Moore 614 Ramie Lane Port St. Lucie, FL 34952 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILSON, RAYMOND PSTR. P.O. BOX 824 SHARON, PA 16146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Pastor Raymond Wilson P.O. Box 824 Sharon, PA 16146 <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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Opal Haydock 1223 Bl South Lakes Dr Ft. Pierce, FL 34982 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TORELLI, CAYAN 6168 FORDHAM CIRCLE EAST JACKSONVILLE, FL 322172455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Cayan Torelli 6168 Fordham Circle East Jacksonville, FL 32217 <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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Raymond B mims 614 Ramie Lane Port St. Lucie, FL 34952 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 Moore</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: 6/15/07 <small>Daytime Phone #</small>

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06082007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3262277 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

772-336-5224