


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90017 023 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	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			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 PD	NAME MOORE, MARY		TITLE NAME	NAME NAME	
STREET ADDRESS 614 RAMIE LN.	CITY-ST-ZIP PORT ST. LUCIE, FL 34952		STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE VP	NAME WILSON, RAYMOND PSTR.		TITLE NAME	NAME NAME	
STREET ADDRESS P.O. BOX 824	CITY-ST-ZIP SHARON, PA 16146		STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE TD	NAME HAYDOCK, OPAL		TITLE NAME	NAME NAME	
STREET ADDRESS 1223 BL	CITY-ST-ZIP SOUTH LAKES DR. FT. PIERCE, FL 34982		STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE SD	NAME TORELLI, CAYAN		TITLE NAME	NAME NAME	
STREET ADDRESS 6168 FORDHAM CIRCLE EAST	CITY-ST-ZIP JACKSONVILLE, FL 322172455		STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE SD Mr. Raymond Mims	NAME MIMS, RAYMOND B		TITLE NAME	NAME NAME	
STREET ADDRESS 614 RAMIE LANE	CITY-ST-ZIP PORT SAINT LUCIE, FL 34952		STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE BOB	NAME Jack J Shaw Jr		TITLE NAME	NAME NAME	
STREET ADDRESS 614 Ramie Lane	CITY-ST-ZIP Port St. Lucie, FL 34952		STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
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>			1-31-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		