

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001286

FILED
Feb 16, 2009
Secretary of State

Entity Name: CORNERSTONE CHURCH & SEMINARY, INC.

Current Principal Place of Business:

614 RAMIE LANE
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

614 RAMIE LN.
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 59-3262277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, MARY
614 RAMIE LN.
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOORE, MARY
Address: 614 RAMIE LN.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VP () Delete
Name: WILSON, RAYMOND PSTR.
Address: P.O. BOX 824
City-St-Zip: SHARON, PA 16146

Title: TD () Delete
Name: HAYDOCK, OPAL
Address: 1223 BL
City-St-Zip: SOUTH LAKES DR. FT. PIERCE, FL 34982

Title: SD () Delete
Name: TORELLI, CAYAN
Address: 6168 FORDHAM CIRCLE EAST
City-St-Zip: JACKSONVILLE, FL 322172455

Title: SD () Delete
Name: MIMS, RAYMOND B MR
Address: 614 RAMIE LANE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: BOD () Delete
Name: SHAW, JACK J JR
Address: 614 RAMIE LN
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY H MOORE

PD

02/16/2009

Electronic Signature of Signing Officer or Director

Date