

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

0061844

DOCUMENT # N94000001286

1. Entity Name
CORNERSTONE CHURCH & SEMINARY, INC.



06-02-2003 90187 050 ****69.75

Principal Place of Business
**614 RAMIE LN.
PORT ST. LUCIE FL 34952**

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

2. Principal Place of Business
614 Ramie Lane

3. Mailing Address
614 Ramie Lane

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Port St Lucie FL

City & State
Port St Lucie FL

Zip
34952

Country
St Lucie

4. FEI Number **59-3262277**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$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 **MARY MOORE**
Street Address (P.O. Box Number is Not Acceptable)
614 RAMIE LANE
City **Port St Lucie** FL Zip Code **34952**

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 **SELF**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDERSON, JERRIE RENE'E 106 ESTIA LANE PORT ST. LUCIE FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Same Raymond E Wilson PO Box 824 SHARON, PA 16146-0824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LONG, JANICE 3008 SUNRISE BLVD FORT PIERCE FL 34982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition JERRIE RENE'E BRUBAKER 926 SE Paine Ville Port St Lucie 34983
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAYAN TORELLI 6168 FORDHAM CRE JACKSONVILLE, FL 32217-2455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: **SIGNATURE REQUIRED Mary Moore** 5/28/03 777-336-5224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)