

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90125 008 \*\*\*\*61.25

**DOCUMENT # N94000001725**

1. Entity Name

CORNERSTONE BROADCASTING CORPORATION



Principal Place of Business

4295 RIDGEWOOD AVENUE  
PORT ORANGE, FL 32127

Mailing Address

4295 RIDGEWOOD AVENUE  
PORT ORANGE, FL 32127

**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3237140

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEISNER, SANDRA L Powell, William  
220 SPRING FOREST DR. 6 Sea Gull Terrace  
NEW SMYRNA BEACH, FL 32168 Ormond Beach, FL  
32176

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/05

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	LEISNER, SANDRA L.
STREET ADDRESS	220 SPRING FOREST DRIVE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	D
NAME	RENOLDS, FRANK
STREET ADDRESS	309 PARK PLACE WEST
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D
NAME	BROWN, CHARLES N
STREET ADDRESS	5238 WOOD STREET
CITY-ST-ZIP	PORT ORANGE, FL
TITLE	D
NAME	WEEKS, ROBERT M.
STREET ADDRESS	678 MOURNING DR
CITY-ST-ZIP	SARASOTA, FL
TITLE	D
NAME	VAN ZANDT, RICHARD
STREET ADDRESS	194 GODFREY RD
CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	D
NAME	POWELL, WILLIAM
STREET ADDRESS	6 SEA GULL TERRACE
CITY-ST-ZIP	ORMOND BEACH, FL 32176

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IN THIS SPACE**

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:**

William Powell

4-5-05

386-756-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #