

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001725

FILED
Feb 16, 2009
Secretary of State

Entity Name: CORNERSTONE BROADCASTING CORPORATION

Current Principal Place of Business:

4295 RIDGEWOOD AVENUE
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

4295 RIDGEWOOD AVENUE
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 59-3237140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, WILLIAM
6 SEA GULL TERRACE
ORMOND BEACH, FL 32176 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: ST () Delete
Name: LEISNER, SANDRA L.
Address: 220 SPRING FOREST DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: RENOLDS, FRANK
Address: 131 SHADY BRANCH TRL
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: FRANCIS, PAUL
Address: 825 N. OLEANDER AVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D () Delete
Name: WEEKS, ROBERT M.
Address: 678 MOURNING DR
City-St-Zip: SARASOTA, FL

Title: D () Delete
Name: MUELLER, LOUIS V
Address: 316 E HIGHLAND ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: POWELL, WILLIAM
Address: 6 SEA GULL TERRACE
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: JAEGER, CYNTHIA
Address: 4340 CLOVERCREST DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: POWELL, WILLIAM
Address: 6 SEA GULL TERRACE
City-St-Zip: ORMOND BEACH, FL 32176

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: WILLIAM POWELL

PRES

02/16/2009

Electronic Signature of Signing Officer or Director

Date