

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # N94000002375

1. Entity Name
CORNERSTONE BAPTIST FELLOWSHIP, INC.



Principal Place of Business

**1091 SCHUMANN DR
SEBASTIAN, FL 32978 US**

Mailing Address

**PO BOX 780038
SEBASTIAN, FL 32978**



01092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0481395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, JOHN
1074 EVERNIA ST
SEBASTIAN, FL 32958**

**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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SUTTER, SAM
STREET ADDRESS	749 WENTWORTH
CITY - ST - ZIP	SEBASTIAN, FL
TITLE	DST
NAME	THOMAS, JOHN
STREET ADDRESS	1074 EVERNIA ST
CITY - ST - ZIP	SEBASTIAN, FL
TITLE	DV
NAME	SNELL, MARC
STREET ADDRESS	731 CODY AVE
CITY - ST - ZIP	SEBASTIAN, FL 32958

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

JOHN F. THOMAS 3/11/08 (272) 589-7012