

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003772

1. Entity Name

CORNERSTONE CHRISTIAN CENTER OF CLEARWATER, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90436 003 ****70.00

Principal Place of Business

27930 US 19 N
CLEARWATER FL 33761
US

Mailing Address

27930 US 19 N
CLEARWATER FL 34698-8029
US

2. Principal Place of Business

317 Milwaukee Ave.

Suite, Apt. #, etc.

3. Mailing Address

317 Milwaukee Ave.

Suite, Apt. #, etc.

City & State

Dunedin FL

City & State

Dunedin FL

4. FEI Number

59-3260463

Applied For

Not Applicable

Zip

34698

Country

Pinellas

Zip

34698

Country

Pinellas

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WYNS, STEPHEN
27930 U.S. 19 NORTH
CLEARWATER FL 34621-4904

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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
Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS WYNS, STEPHEN P
CITY-ST-ZIP 2086 GARY COURT
PALM HARBOR FL 34683

TITLE ☐ Delete
NAME D
STREET ADDRESS WYNS, MAUREEN
CITY-ST-ZIP 2086 GARY COURT
PALM HARBOR FL 34683

TITLE ☐ Delete
NAME D
STREET ADDRESS GITCHEL, DAVID
CITY-ST-ZIP 2326 TIMBERCREST CIR. WEST
CLEARWATER FL 34623

TITLE ☐ Delete
NAME D
STREET ADDRESS EMERY, JOHN
CITY-ST-ZIP 2033 DAWN DR
CLEARWATER FL

TITLE ☐ Delete
NAME D
STREET ADDRESS LONGLAND, TIMOTHY
CITY-ST-ZIP 1664 CLEVELAND STREET
CLEARWATER FL 34615

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REQUESTED BY P. WYNS April 22/00 727-733-1438

CR2E037 (9/99)