

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90107 019 \*\*\*\*61.25

**DOCUMENT # N94000003772**

1. Entity Name

**CORNERSTONE CHRISTIAN CENTER OF CLEARWATER, INC.**

Principal Place of Business

317 MILWAUKEE AVE.  
 DUNEDIN FL 34698  
 US

Mailing Address

317 MILWAUKEE AVE.  
 DUNEDIN FL 34698  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3260463**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **WYNS STEPHEN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**317 Milwaukee Ave.**  
 City **Dunedin** FL Zip Code **34698**

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

*STEPHEN P. WYNS (PASTOR)* *Stephen Wyns*

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

(NOTE: Registered agent signature required when reinstating)

**1/4/2001**  
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WYNS, STEPHEN P</b>	
STREET ADDRESS	<b>2086 GARY COURT</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WYNS, MAUREEN</b>	
STREET ADDRESS	<b>2086 GARY COURT</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34683</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GITCHEL, DAVID</b>	
STREET ADDRESS	<b>2326 TIMBERCREST CIR. WEST</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34623</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EMERY, JOHN</b>	
STREET ADDRESS	<b>2033 DAWN DR</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LONGLAND, TIMOTHY</b>	
STREET ADDRESS	<b>1664 CLEVELAND STREET</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34615</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*Stephen Wyns* **STEPHEN P. WYNS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/4/2001**

Date

**727-733-1438**

Daytime Phone #

CR2E037 (10/00)