

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000000955**

1. Entity Name

CORNERSTONE MISSIONARY BAPTIST CHURCH, INC.FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 11 PM 12:29

Principal Place of Business

208 PARAMORE AVENUE
ORLANDO FL 32806

Mailing Address

208 PARAMORE AVENUE
ORLANDO FL 32806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3231506**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

MORALL, HARRY II
MORALL & CAREY ATTY'S AT LAW
905 W. COLONIA DRIVE
ORLANDO FL 32804

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**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	P	<input type="checkbox"/> Delete
NAME	SERAAJ, KEVIN REV	
STREET ADDRESS	4502 CANNA DR	
CITY-ST-ZIP	ORLANDO FL 32839	

TITLE	TD	<input type="checkbox"/> Delete
NAME	MATTHEWS, EDWARD	
STREET ADDRESS	2303 MYRNA STREET	
CITY-ST-ZIP	ORLANDO FL 32839	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	JACKSON, DANNA L	
STREET ADDRESS	2000 OSTAWOOD	
CITY-ST-ZIP	ORLANDO FL 32818	

TITLE	SD	<input type="checkbox"/> Delete
NAME	BROWN, DEBRA	
STREET ADDRESS	3040 MARTIN ST	
CITY-ST-ZIP	ORLANDO FL 32806	

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

TITLE		<input type="checkbox"/> Delete
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 128.07(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/19/01

4076481162

CFR2007 (S/01)