


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 09, 2005 08:00 AM
Secretary of State**

DOCUMENT # N95000000955 1. Entity Name CORNERSTONE MISSIONARY BAPTIST CHURCH, INC.	
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Principal Place of Business 30 N. COBURN AVENUE ORLANDO, FL 32805	Mailing Address 30 N. COBURN AVENUE ORLANDO, FL 32805
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03052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3231506	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CAREY, JANE MORRILL & CAREY, ATTYS AT LAW 905 W. COLONIAL DRIVE ORLANDO, FL 32804
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**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: *Jane E. Carey* (NOTE: Registered Agent signature required when registering) DATE: 3-8-05

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SERAAG, KEVIN 218 S. LIME AVENUE ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MATTHEWS, EDWARD 2303 MYRNA STREET ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CUNNINGHAM, ARTHUR 6849 LIMP KIN DRIVE ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BROWN, DEBRA 3040 MARTIN ST ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U000000256688
03/09/05-80022-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Edith Matthews* DATE: 3-8-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #