


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000000974	
1. Entity Name CORNERSTONE BAPTIST CHURCH OF OCALA, INC.	

Principal Place of Business 37 DOGWOOD RD. OCALA, FL 34472 US	Mailing Address 37 DOGWOOD RD. OCALA, FL 34472 US
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03212007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3270289	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

KECK, WANDA L
5560 NE 31 TERR
OCALA, FL 34479

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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KECK, WANDA L 5560 NE 31ST TERR OCALA, FL 34479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOWNSEND, KEVIN 3001 SE 27TH AVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DOWNING, JOHN C JR 3 HEMLOCK TER OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Wanda L. Keck Wanda L. Keck 3-28-07 352-622-4263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #