

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90117 048 \*\*\*\*61.25

**DOCUMENT # N95000000974**

1. Entity Name

**CORNERSTONE BAPTIST CHURCH OF OCALA, INC.**



Principal Place of Business

**8862 SE 59 AVENUE  
OCALA FL 34472  
US**

Mailing Address

**PO BOX 830265  
OCALA FL 34483-0365  
US**

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 **59-3270289**

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

**DURHAM, LARRY  
2601 SE 38TH STREET  
OCALA FL 34471**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>RD</b>	<input type="checkbox"/> Delete
NAME	<b>DURHAM, LARRY</b>	
STREET ADDRESS	<b>2601 SE 38TH STREET</b>	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>TOWNSEND, KEVIN</b>	
STREET ADDRESS	<b>12 PECAN RUN PASS</b>	
CITY-ST-ZIP	<b>OCALA FL 34472</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>DOWNING, JOHN C JR</b>	
STREET ADDRESS	<b>3 HEMLOCK TER</b>	
CITY-ST-ZIP	<b>OCALA FL 34472</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 **SIGNATURE REQUIRED**

3-5-03

352-732-2268

CR2E037 (10/02)