

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)