


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

|                                                                                    |                                                                                   |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N95000004315</b><br>1. Entity Name<br>CORNERSTONE BIBLE CHAPEL, INC. |  |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                         |                                                       |
|-------------------------------------------------------------------------|-------------------------------------------------------|
| Principal Place of Business<br>190 PATRICIA AVENUE<br>DUNEDIN, FL 34698 | Mailing Address<br>P.O. BOX 2202<br>DUNEDIN, FL 34697 |
|-------------------------------------------------------------------------|-------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



03102007 No Chg-NP CR2E037 (4/06)

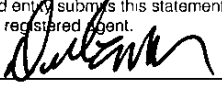
|                                                                                                 |                               |
|-------------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br>59-3334516                                                                     | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

MILLER, DAVID E  
1092 ENISWOOD PKW  
PALM HARBOR, FL 34683

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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  **DAVID E MILLER TREASURER** 3/10/07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

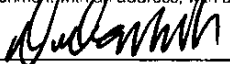
10. OFFICERS AND DIRECTORS

|                                                |                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P/D<br>DAVIS, P WILLIAM<br>1644 EDEN COURT<br>CLEARWATER, FL 33756      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V/D<br>FINN, JOHN DR.<br>7294 MADENCANE CT<br>LARGO, FL 33777           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S/D<br>BRZEZINSKI, FRANK<br>111 EARL STREET<br>TARPON SPRINGS, FL 34689 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T/D<br>MILLER, DAVID E<br>1092 ENISWOOD PKWY<br>PALM HARBOR, FL 34683   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |

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IN THIS SPACE**

U00000671369  
03/28/07-80026-018 61.25

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:  **DAVID E MILLER** 3/10/07 727 688 3523  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #