


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90317 013 \*\*\*\*61.25

**DOCUMENT # N96000000717**

1. Entity Name  
**CHRIST THE CORNERSTONE CHURCH, INC.**



Principal Place of Business      Mailing Address

**1025-7TH AVENUE NORTH**      **1025-7TH AVENUE NORTH**  
**SAINT PETERSBURG FL 33705**      **SAINT PETERSBURG FL 33705**



2. Principal Place of Business      3. Mailing Address

**5545 62nd Avenue, North**      **5545 62nd Avenue, North**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/05)

City & State      City & State

**Pineellas Park, Florida**      **Pineellas Park, Florida**

Zip      Country      Zip      Country

**33781**      **USA**      **33781**      **USA**

4. FEI Number      Applied For

**59-3359900**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, NADIA**  
**5010 BURLINGTON AVE N**  
**SAINT PETERSBURG FL 33710**

7. Name and Address of New Registered Agent


Name      **Nadia Thomas**

Street Address (P.O. Box Number is Not Acceptable)

**3527 14th Avenue, North**

City      **St. Petersburg**      FL      Zip Code      **33713**

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:       DATE: **4/8/2006**

Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

**Make Check Payable to Florida Department of State**

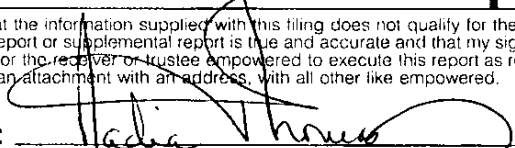
10. OFFICERS AND DIRECTORS

TITLE	MT	<input type="checkbox"/> Delete
NAME	BAILEY, DEBORAH A	
STREET ADDRESS	5610 19TH AVENUE, SOUTH	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	OM	<input type="checkbox"/> Delete
NAME	THOMAS, NADIA	
STREET ADDRESS	5010 BURLINGTON AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	VM	<input type="checkbox"/> Delete
NAME	KENNEDY, PAT	
STREET ADDRESS	5010 19TH AVENUE SOUTH	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAYTON, JENNIFER	
STREET ADDRESS	5610 19TH AVE S	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	FISHER, EUNICE	
STREET ADDRESS	5705 21ST AVE S	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3527 14th Avenue, North</b>	
CITY-ST-ZIP	<b>St. Petersburg, FL-33713</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>5291 Harbringer Rd.</b>	
CITY-ST-ZIP	<b>Springhill, FL 34608</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Gideon DuBose</b>	
STREET ADDRESS	<b>10298 111th Av. N.</b>	
CITY-ST-ZIP	<b>Largo, FL 33773</b>	
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 exemptions contained in Section 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:       DATE: **3/28/2006**      **727-322-8149**