


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

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90154 022 \*\*\*\*61.25

**DOCUMENT # N96000000717**

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



Principal Place of Business  
**5545 62ND AVE N.  
 PINELLAS PARK, FL 33781**

Mailing Address  
**5545 62ND AVE N.  
 PINELLAS PARK, FL 33781**

4000000000



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03182007 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
**59-3359900**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**THOMAS, NADIA**  
~~3527 14TH AVENUE N.~~  
~~SAINT PETERSBURG, FL 33713~~  
**5545 62ND AVE. N.**  
**PINELLAS PARK, FL 33781**

7. Name and Address of New Registered Agent

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 *Nadia Thomas* DATE 4/16/07

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

**Filing Fee is \$61.25  
 Due by May 4, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	MT BAILEY, DEBORAH A 5610 19TH AVENUE, SOUTH GULFPORT, FL 33707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OM THOMAS, NADIA 3527 14TH AVE. N. SAINT PETERSBURG, FL 33713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM KENNEDY, PAT 5291 HARBRINGER RD. SPRING HILL, FL 34608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAYTON, JENNIFER 5610 19TH AVE S GULFPORT, FL 33707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DUBOSE, GIDEON 10298 111TH AVE N. LARGO, FL 33773	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	5545 62ND AVE, N. PINELLAS PARK, FL 33781	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	5545 62ND AVE. N. PINELLAS PARK, FL 33781	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	5545 62ND AVE. N. PINELLAS PARK, FL 33781	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	5545 62ND AVE. N. PINELLAS PARK, FL 33781	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael J. Kelly* **MODERATOR** DATE 4/16/07 DAYTIME PHONE # 941-861-7971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR