

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000717

FILED
Apr 28, 2008
Secretary of State

Entity Name: CHRIST THE CORNERSTONE CHURCH, INC.

Current Principal Place of Business:

5545 62ND ANE N.
PINELLAS PARK, FL 33781

New Principal Place of Business:

Current Mailing Address:

5545 62ND ANE N.
PINELLAS PARK, FL 33781

New Mailing Address:

FEI Number: 59-3359900 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, NADIA
5545 62ND AVE N
PINELLAS PARK, FL 33781 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: MT () Delete
Name: BAILEY, DEBORAH A
Address: 5545 62ND AVE N
City-St-Zip: PINELLAS PARK, FL 33781

Title: OM (X) Delete
Name: THOMAS, NADIA
Address: 5545 62ND AVE N
City-St-Zip: PINELLAS PARK, FL 33781

Title: VM () Delete
Name: KENNEDY, PAT
Address: 5545 62 ND AVE N
City-St-Zip: PINELLAS PARK, FL 33781

Title: T () Delete
Name: LAYTON, JENNIFER
Address: 5545 62ND AVE N
City-St-Zip: PINELLAS PARK, FL 33781

Title: C () Delete
Name: DUBOSE, GIDEON
Address: 5545 62ND AVE N
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MT (X) Change () Addition
Name: KENNEDY, PATRICIA
Address: 5545 62ND AVE N
City-St-Zip: PINELLAS PARK, FL 33781

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VM (X) Change () Addition
Name: BORDWINE, SHARON
Address: 5545 62 ND AVE N
City-St-Zip: PINELLAS PARK, FL 33781

Title: T (X) Change () Addition
Name: CARSON, DEBRA
Address: 5545 62ND AVE N
City-St-Zip: PINELLAS PARK, FL 33781

Title: C (X) Change () Addition
Name: THOMAS, NADIA
Address: 5545 62ND AVE N
City-St-Zip: PINELLAS PARK, FL 33781

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. JOYCE STONE

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04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date