

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001737

FILED  
Mar 13, 2005  
Secretary of State

Entity Name: CORNERSTONE TRUE FELLOWSHIP, INC.

## Current Principal Place of Business:

2350 MAMMOTH GROVE RD  
LAKE WALES, FL 33853

## New Principal Place of Business:

## Current Mailing Address:

2350 MAMMOTH GROVE  
LAKE WALES, FL 33853

## New Mailing Address:

FEI Number: 31-1472275      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LUNSFORD, THOMAS J  
3733 PAULA CT  
LAKELAND, FL 338134386 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: PD ( ) Delete  
Name: LUNSFORD, THOMAS J  
Address: 3733 PAULA CT  
City-St-Zip: LAKELAND, FL 338134386

Title: AVD ( ) Delete  
Name: LUNSFORD, KATRINA L  
Address: 3733 PAULA CT  
City-St-Zip: LAKELAND, FL 338134386

Title: SD ( ) Delete  
Name: SMITH, MILDRED  
Address: 614 BOOKER AVENUE  
City-St-Zip: LAKE WALES, FL 33853

Title: D ( ) Delete  
Name: WILLIAMS, CARLOS  
Address: 614 BOOKER AVE  
City-St-Zip: LAKE WALES, FL 33853

Title: T ( ) Delete  
Name: TOMLIN, TILLIE  
Address: 2306 MAMMOTH GROVE RD.  
City-St-Zip: LAKE WALES, FL 33853

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP/S (X) Change ( ) Addition  
Name: LUNSFORD, KATRINA L  
Address: 3733 PAULA CT  
City-St-Zip: LAKELAND, FL 338134386

Title: D (X) Change ( ) Addition  
Name: SMITH, MILDRED  
Address: 614 BOOKER AVENUE  
City-St-Zip: LAKE WALES, FL 33853

Title: D (X) Change ( ) Addition  
Name: STEWART, AUDREY  
Address: 835 HILLSIDE AVE.  
City-St-Zip: LAKE WALES, FL 33853

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

Title: D ( ) Change (X) Addition  
Name: TURNER, MARTHA  
Address: 2517 MAMMOTH GROVE RD  
City-St-Zip: LAKE WALES, FL 33898

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATRINA L. LUNSFORD

VP

03/13/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date