

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001737

FILED  
Mar 28, 2007  
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:

PO BOX 1016  
LAKE WALES, FL 33859

## New Mailing Address:

FEI Number: 31-1472275

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUNSFORD, THOMAS J  
3733 PAULA CT  
LAKELAND, FL 338134386 US

## Name and Address of New Registered Agent:

LUNSFORD, THOMAS J  
3733 PAULA CT  
LAKELAND, FL 338124386 US

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:

03/28/2007

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

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

Title: D ( ) Delete  
Name: STEWART, AUDREY  
Address: 835 HILLSIDE 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: D ( ) Delete  
Name: CURRY, RACHEL A  
Address: 3520 CLEVELAND HGT BLVD. APT. 179  
City-St-Zip: LAKELAND, FL 33803

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LUNSFORD, THOMAS J  
Address: 3733 PAULA CT  
City-St-Zip: LAKELAND, FL 338124386

Title: VP/S (X) Change ( ) Addition  
Name: LUNSFORD, KATRINA L  
Address: 3733 PAULA CT  
City-St-Zip: LAKELAND, FL 338124386

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

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

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

Title: D (X) Change ( ) Addition  
Name: TURNER, TOM  
Address: 2517 MAMMOTH GROVE RD.  
City-St-Zip: LAKE WALES, FL 33853

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

VP

03/28/2007

Electronic Signature of Signing Officer or Director

Date