

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001737

FILED
Feb 16, 2009
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 (X)

Name and Address of Current Registered Agent:

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

Title: VP/T () Delete
Name: LUNSFORD, KATRINA L
Address: 3733 PAULA CT
City-St-Zip: LAKELAND, FL 338124386

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: CONNER, ANTHONY
Address: 3914 TANGIER STREET
City-St-Zip: SEBRING, FL 33872

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

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: KATRINA L. LUNSFORD

VP/T

02/16/2009

Electronic Signature of Signing Officer or Director

Date