

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001737

FILED
Mar 05, 2010
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 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
Name: LUNSFORD, THOMAS J
Address: 3733 PAULA CT
City-St-Zip: LAKELAND, FL 338124386

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

Title: S
Name: TURNER, MARTHA
Address: 2517 MAMMOTH GROVE RD
City-St-Zip: LAKE WALES, FL 33898

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

Title: D
Name: CONNER, ANTHONY
Address: 3914 TANGIER STREET
City-St-Zip: SEBRING, FL 33872

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

I hereby 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 all other like empowered.

SIGNATURE: KATRINA L LUNSFORD

VP

03/05/2010

Electronic Signature of Signing Officer or Director

Date