

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006545

FILED
Jun 15, 2009
Secretary of State

Entity Name: CORNERSTONE FELLOWSHIP OF WEST PALM BEACH INC.

Current Principal Place of Business:

13969 ORANGE BLVD.
WEST PALM BEACH, FL 33412 US

New Principal Place of Business:

Current Mailing Address:

13969 ORANGE BLVD.
WEST PALM BEACH, FL 33412 US

New Mailing Address:

FEI Number: 65-0714877 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

OLIPHANT, MILTON D
1650 CLYDESDALE DRIVE
LOXAHATCHEE, FL 33470 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: D () Delete
Name: FAULKENBURY, DOUGLASS
Address: 13395 58TH CRT.
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: SD () Delete
Name: ROUSE, ESTHER
Address: 17966 67TH COURT NO.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: OLIPHANT, PATRICIA
Address: 1650 CLYDEDALE DR.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: DVP () Delete
Name: MCILVIN, CAROL
Address: 16141 E. MAYFAIR DRIVE
City-St-Zip: LOXAHATCHEE, FL 33470

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:

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: PATRICIA OLIPHANT

D

06/15/2009

Electronic Signature of Signing Officer or Director

Date