

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000000110

FILED
Oct 28, 2008
Secretary of State

Entity Name: CORNERSTONE BAPTIST CHURCH OF ST. LUCIE COUNTY, INC.

Current Principal Place of Business:

301 SW WEST VIRGINIA DR
PORT SAINT LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9578
PORT ST. LUCIE, FL 34985

New Mailing Address:

FEI Number: 77-0697523 **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:

Name and Address of New Registered Agent:

WRIGHT, RODGER T
3651 SW MARGELA ST
PORT SAINT LUCIE, FL 34953 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: RODGER T. WRIGHT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WRIGHT, RODGER T
Address: 3651 SW MARGELA ST
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: T () Delete
Name: WELLING, DAVE
Address: 269 SW RIDGECREST DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: T () Delete
Name: ROBERTS, PHIL
Address: 855 S.E. CARNIVAL AVE.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: T (X) Delete
Name: SCHMIDT, JOHN
Address: 114 S.E. FALLON DR.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: T (X) Delete
Name: FLOWERS, NICK
Address: 2002 HOBBY CT.
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: WRIGHT, PATRICIA F
Address: 3651 SW MARGELA ST.
City-St-Zip: PORT ST. LUCIE, FL 34953

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: RODGER T. WRIGHT

D

10/28/2008

Electronic Signature of Signing Officer or Director

Date