

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001117

1. Entity Name

CORNERSTONE BAPTIST CHURCH OF TALLAHASSEE, INC.

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90235 009 ****61.25

0006537

Principal Place of Business

11404 GORDON STREET
TALLAHASSEE FL 32311
US

Mailing Address

3079 CHAIRES CROSS RD
TALLAHASSEE FL 32311
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3394996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARARO, WILLIAM R
1050 WINFIELD FOREST DRIVE
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DRA
PARARO, WILLIAM R
1050 WINFIELD FOREST DRIVE
TALLAHASSEE FL 32311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BATEMAN, MICHAEL
6937 HANGING VINE WAY
TALLAHASSEE FL 32311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WARD, JAMES F III
3051 HAWKS LANDING DR
TALLAHASSEE FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3Feb2002

850 6561098

Date

Daytime Phone #

CR2E037 (9/01)