

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700000 2176

07-14-2000 90003 018 \*\*\*\*70.00

1. Entity Name

Cornerstone Church of The Suncoast, Inc

Principal Place of Business

Mailing Address

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2. Principal Place of Business

3. Mailing Address

9200 Ponder Ave.

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34232

Country

USA

P.O. Box 50365

9200 Ponder Ave.

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34232-0365

Country

USA

4. FEI Number

65-0794507

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Kenton Boyd Slabaugh  
6107 Sixth Terrace East  
Bradenton, FL 34203

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 Kenton Slabaugh

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

(NOTE: Registered Agent signature required when reinstating)

6/28/00

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	President	<input checked="" type="checkbox"/> Delete
NAME	Kenton Boyd Slabaugh	
STREET ADDRESS	8431 Gardens Circle Apt. 8	
CITY-ST-ZIP	Sarasota FL 34234	
TITLE	Vice President	<input checked="" type="checkbox"/> Delete
NAME	Mark Voder	
STREET ADDRESS	5812 Braden River Road	
CITY-ST-ZIP	Bradenton, FL 34203	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenton Boyd Slabaugh	
STREET ADDRESS	6107 Sixth Terrace East	
CITY-ST-ZIP	Bradenton FL 34203	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dwayne Geib	
STREET ADDRESS	1083 Speasmaker Lane	
CITY-ST-ZIP	Sarasota, FL 34232	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Gaines	
STREET ADDRESS	1530 Georgetowne Lane	
CITY-ST-ZIP	Sarasota, FL 34232	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Mallet	
STREET ADDRESS	4731 10th Street	
CITY-ST-ZIP	Sarasota, FL 34232	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenton Slabaugh

6/28/00

Date

941-739-6085

Daytime Phone #

KE