

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State
 02-02-2001 90305 002 ****61.25

DOCUMENT # N97000002176

1. Entity Name

CORNERSTONE CHURCH OF THE SUNCOAST, INC.

Principal Place of Business

926 PONDER AVE
 SARASOTA FL 34232

Mailing Address

P.O. BOX 50365
 SARASOTA FL 34232-0303

2. Principal Place of Business

5900 N. Lockwood Ridge
 Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

SARASOTA, Florida

City & State

Zip

Zip
 34243

Country
 USA

Country

4. FEI Number

65-0794507

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SLABAUGH, KENTON B
 6107 56TH 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

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 TP
 NAME SLABAUGH, KENTON B
 STREET ADDRESS 6107 56TH TERRACE EAST
 CITY-ST-ZIP BRADENTON FL 34203 ☐ Delete

TITLE TVP
 NAME CEILA, DWAYNE
 STREET ADDRESS 1083 SPEASMAKER LANE
 CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete

TITLE TT
 NAME CAINES, RICHARD
 STREET ADDRESS 1530 GEORGETOWNE LANE
 CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete

TITLE TS
 NAME MULLET, ROBERT
 STREET ADDRESS 4731 10TH STREET
 CITY-ST-ZIP SARASOTA FL 34232 ☐ 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 GEIB, DWAYNE
 STREET ADDRESS
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
 NAME GAINES, RICHARD
 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

TITLE
 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:

Richard L. Gaines, Treasurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/2001 (941) 378-8005

CR2E037 (10/00)