CR2E037 (9/01

2002 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 11, 2002 8:00 am secretary of State DOCUMENT # **N97000002176** CORNERSTONE CHURCH OF THE SUNCOAST, INC. 02-11-2002 90155 003 ****70.00 Mailing Address Principal Place of Business 5900 N LOCKWOOD RIDGE RD P.O. BOX 50365 SARASOTA FL 34232-0303 SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0794507 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SLABAUGH, KENTON, B 6107 56TH TERRACE EAST **BRADENTON FL 34203** 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) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Change ☐ Delete TITLE TITLE NAME SLABAUGH, KENTON B NAME STREET ADDRESS STREET ADDRESS 6107 56TH TERRACE EAST CITY-ST-ZIP CITY-ST-7IP **BRADENTON FL 34203** ☐ Change Addition ☐ Delete TITLE TVP. TITLE NAME GEIB, DWAYNE NAME STREET ADDRESS STREET ADDRESS 1083 SPEASMAKER LANE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 ☐ Change ☐ Addition ☐ Delete TITLE TITLE GAINES, RICHARD NAME NAME

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.

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CITY-ST-ZIP

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NAME

NAME

TITLE

NAME

SIGNATURE

1530 GEORGETOWNE LANE

SARASOTA FL 34232

MULLET, ROBERT

4731 10TH STREET

Sarasota Fl 34232

STREET ADDRESS

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