

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002680

1. Entity Name

CORNERSTONE FULL GOSPEL MINISTRIES INCORPORATED

Principal Place of Business

6331 N.W. 32ND STREET
GAINESVILLE FL 32653

Mailing Address

6331 N.W. 32ND STREET
GAINESVILLE FL 32653

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

59-3465936

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JENKINS, SR., CLARENCE REV.
6331 N.W. 32ND STREET
GAINESVILLE FL 32653

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

Rev. Clarence Jenkins Sr

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/28/00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	D	<input type="checkbox"/> Delete
NAME	JENKINS, CLARENCE S REV	
STREET ADDRESS	6331 N W 32ND ST	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JENKINS, MYRA L EVANG	
STREET ADDRESS	6331 N W 32ND ST	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	S	<input type="checkbox"/> Delete
NAME	DURANT, ANGELA L	
STREET ADDRESS	6137 N W 26TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	DFS	<input type="checkbox"/> Delete
NAME	JENKINS, SHALONDA	
STREET ADDRESS	6137 N W 26TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	E	<input type="checkbox"/> Delete
NAME	GREEN, CLIFF O	
STREET ADDRESS	6131 NW 26TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROOKS, LILLIE M	
STREET ADDRESS	2438 NE 13TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32601	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Rev. Clarence Jenkins Sr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/00

Date

352-376-0262

Daytime Phone #

CR2E037 (5/00)



DO NOT WRITE IN THIS SPACE

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90030 016 ****70.00