2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

PO BOX 561304

DOCUMENT # N9700002945

1. Entity Name

Principal Place of Business

922 PELICAN LANE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CORNERSTONE FAMILY CHURCH, INC.



NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

☐ Delete

FILED Jan 06, 2003 8:00 am Secretary of State

01-06-2003 90035 034 ****61.25

70000007

ROCKLEDGE FL 32955 US 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country 6. Name and Address of Curren		ROCKLEDGE FL 32956-1304 US 3. Mailing Address Suite, Apt. #, etc.					 			
					CHECK HERE IF MAKING CHANGES					
									City & State	
		Zip		Country	5. Certificate of Status Desired		\$8.75 Add	\$8.75 Additional Fee Required		
		rent Registered Agent			7. Name and Address of New Registered Agent					
		*					-			***
Moyer, M. Gerald 922 Pelican Lane Rockledge Fl 32955				Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
HOÇKLEI	DGE FE 32333			City	V-444 14 Box	F	Zip Cod	e		
SIGNATURE Signature, typed or printed name of registered agent and title if app FILE NOW: FEE IS \$61.25			icable. (NOTE: Registered Agent signature requi 9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		eck Payable			
10.	OFFICERS AND	DIRECTORS		f 11.	ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTORS IN	110	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOYER, M. GERALD 922 PELICAN LANE ROCKLEDGE FL 32955	Billeorono	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ABBITIONO/OF INVALCE	TO OTTOLING AND	Change	Addition	=037 (10/09)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLOWSER, JOHN C 815 HONEYSUCKLE ROCKLEDGE FL 32955			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				CBS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOYER, PATRICIA A 922 PELICAN LANE ROCKLEDGE FL 32955		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Change	Addition		
TITLE	THE OLD OF THE OLD OF		☐ Delete	TITLE			☐ Change	☐ Addition		

Change

Addition

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: M. SERIO MOGEN RIM CERAUD MOYER 1-3-03 321/633-8344