

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90208 048 ****61.25

DOCUMENT # N97000004694

1. Entity Name

CORNERSTONE CHAPEL, INC. OF THE CHRISTIAN AND MISSIONARY ALLIANCE OF ORLANDO, FLORIDA



Principal Place of Business

**3100 S GOLDENROD RD
ORLANDO FL 32822
US**

Mailing Address

**3100 S GOLDENROD RD
ORLANDO FL 32822
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0910355**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

**WALLACE, BRUCE
8709 CATBRIAR LN
ORLANDO FL 32829**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ATHERTON, RICK**
STREET ADDRESS **12819 DOWNSTREAM CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **D** ☐ Delete
NAME **CORNERSTONE CHAPEL**
STREET ADDRESS **3100 S. GOLDENROD RD**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **D** ☐ Delete
NAME **VACHA, RICHARD**
STREET ADDRESS **10545 SAILAWAY LN**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **D** ☐ Delete
NAME **WALLACE, BRUCE**
STREET ADDRESS **8709 CATBRIAR RD**
CITY-ST-ZIP **ORLANDO FL 32829**

TITLE **D** ☐ Delete
NAME **CORNERSTONE CHAPEL**
STREET ADDRESS **3100 S. GOLDENROD RD**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **D** ☐ Delete
NAME **CORNERSTONE CHAPEL**
STREET ADDRESS **3100 S. GOLDENROD RD**
CITY-ST-ZIP **ORLANDO FL 32822**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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: [Signature]

2/9/03

407-826-2936

Daytime Phone #

CR2F037 (10/02)