

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005254

FILED
Feb 15, 2005
Secretary of State

Entity Name: CORNERSTONE BAPTIST CHURCH OF BRANDON, INC.

Current Principal Place of Business:

818 N PARSONS AVE
BRANDON, FL 33510

New Principal Place of Business:

Current Mailing Address:

818 N PARSONS AVE
BRANDON, FL 33510

New Mailing Address:

FEI Number: 59-3474842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD, ROBERT H II
818 N PARSONS AVE
BRANDON, FL 33510 US

Name and Address of New Registered Agent:

JOHNSON, WILLIAM M
818 N PARSONS AVE
BRANDON, FL 33510 US

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: WILLIAM M JOHNSON

02/15/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PAINTER, RALPH
Address: 648 TIMBER POND DR
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: SHUFFETT, ED
Address: 702 DEWOLF RD.
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: LARSON, TERRY
Address: 223 NITA DR
City-St-Zip: SEFFNER, FL 33584

Title: D () Delete
Name: SHEPPARD, GRANT
Address: 106 N TAYLOR RD
City-St-Zip: SEFFNER, FL 33584

Title: D () Delete
Name: DUPRE, HURLING
Address: 503 BRYAN VALLEY CT S
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ALLEN, FRED
Address: 1315 CORNER OAKS DR
City-St-Zip: BRANDON, FL 33510

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY LARSON

D

02/15/2005

Electronic Signature of Signing Officer or Director

Date