

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N980000000035

1. Entity Name

CORNERSTONE UNITED PENTECOSTAL CHURCH, INC.

Principal Place of Business

912 EAST PARKER STREET
LAKE LAND FL 33801

Mailing Address

P.O. BOX 92176
LAKE LAND FL 33804-2176

2. Principal Place of Business

195 West Daughtrey Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Zip

33809

Country
U.S.A.

Country

4. FEI Number

59-3318256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGUIRE, KELLY
428 CORONA DEL MAR
LAKE LAND FL 33809

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

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRON, MATTHEW 7919 RIDGEGLEN CIRCLE LAKE LAND FL 33809	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRON, VIRGIL 219 VERANDA DRIVE LAKE LAND FL 33809	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCGUIRE, KELLY 352 VALLEJO COURT LAKE LAND FL 33809	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEELY, SAM 320 SON KEEN RD PLANT CITY FL 33566	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YATES, LEON 7925 CHASE ROAD LAKE LAND FL 33809	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000 (863) 853-8864

Date

Daytime Phone #

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90026 008 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)