

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90282 025 \*\*\*\*70.00

<b>DOCUMENT # N98000002173</b>	
1. Entity Name CHIEF CORNERSTONE MISSIONARY BAPTIST CHURCH, INC.	



Principal Place of Business 3125 SOUTH MAIN STREET MELBOURNE, FL 32901	Mailing Address 3125 SOUTH MAIN STREET MELBOURNE, FL 32901
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04182007 Chg-NP CR2E037 (12/06)

4. FEI Number 01-0728572	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MAYE, SHIRLEY A 909 E CEDAR ST MELBOURNE, FL 32901		Name <u>Washington, Heather</u> Street Address (P.O. Box Number is Not Acceptable) <u>370 Brookcrest Circle</u> City <u>Rockledge</u> FL Zip Code <u>32955</u>	

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 Heather L Washington DATE April 18, 2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAYE, SHIRLEY A 909 E CEDAR ST MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <u>Washington, Heather</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>370 Brookcrest Circle</u> <u>Rockledge, FL 32955</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOLLOWAY, ROSE 931 HOOPER AVE NE PALM BAY, FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <u>Karen Holloway-Skinner</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>931 Hooper Ave NE</u> <u>Palm Bay, FL 32905</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MC GOWAN, QUEEN 811 DUTCH CT SE PALM BAY, FL 32909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <u>George Farrie Jr.</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>804 Camphor Way</u> <u>Melbourne, FL 32901</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PRESSLEY, WILLIAM 805 E UNIVERSITY BLVD MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Elease Gilbert-Banks</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>2206 Monroe St. NE</u> <u>Palm Bay, FL 32905</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SOUTHERN, MARGIE 2934 COLBERT CIR. MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <u>Key, Bettye J.</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>3319 Henry St.</u> <u>Melbourne, FL 32901</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELEMS, CHARLIE 2254 HENRY ST NE PALM BAY, FL 32905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Heather L Washington DATE April 18, 2007 (321)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 635-9283