## 2001 UNIFORM BUSINESS REPORT (UBR)

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OF SIGNING OFFICER OR DIRECTOR

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## Apr 30, 2001 8:00 am Secretary of State DOCUMENT # N9900007019 1. Entity Name CORNERSTONE FREE WILL BAPTIST CHURCH, INC. 04-30-2001 90040 043 \*\*\*\*70.00 Principal Place of Business Mailing Address 154 EAST 17TH STREET 154 EAST 17TH STREET APOPKA FL 32703 APOPKA FL 32703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE 59*-370*29 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) STEPHENS, GLORIA LOUISE H 154 EAST 17TH STREET APOPKA FL 32703 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Addition NAME STEPHENS, GLORIA L NAME STREET ADDRESS 154 EAST 17TH STREET STREET ADDRESS CITY-ST-ZIP APOPKA FL 32703 CITY-ST-ZIP TITLE ST ☐ Delete TITI F Change Addition NAME FENN, GERTRUDE NAME STREET ADDRESS 1109 S HIHGLAND AVE STREET ADDRESS CITY-ST-ZIP APOPKA FL 32703 CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change \_\_\_ Addition NAME STRIBLING, JOY NAME STREET ADDRESS 2324 SOLKWOOD CIRCLE STREET ADDRESS CITY - ST - ZIP ORLANDO FL 32818 CITY-ST-ZIP TITLE TD TITLE Addition SMITH, JOHN NAME NAME STREET ADDRESS 1941 LARON ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33805 ☐ Delete TITLE ☐ Change ☐ Addition HENRY, DIEGO L NAME STREET ADDRESS 2624 SILKWOOD CIRCLE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32818 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does of 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