

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2002 8:00 am  
Secretary of State

05-01-2002 91472 032 \*\*\*\*61.25

DOCUMENT # N99000007019

1. Entity Name

CORNERSTONE FREE WILL BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

154 EAST 17TH STREET  
APOPKA FL 32703

154 EAST 17TH STREET  
APOPKA FL 32703

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

59-3702921

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHENS, GLORIA LOUISE H  
154 EAST 17TH STREET  
APOPKA FL 32703

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
M  
STEPHENS, GLORIA L  
154 EAST 17TH STREET  
APOPKA FL 32703 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
FENN, GERTRUDE  
1109 S HIGHLAND AVE  
APOPKA FL 32703 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
Farices T. Holmes  
19 West 18th St  
APOPKA, FL 32703 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TT  
STRIBLING, JOY  
2324 SOLKWOOD CIRCLE  
ORLANDO FL 32818 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
SMITH, JOHN  
1941 LARON ST  
LAKELAND FL 33805 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
Dr. Jimmie L. Holmes, Sr.  
1153 East Jackson St  
Mt. Dora, FL 32757 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
HENRY, DIEGO L  
2624 SILKWOOD CIRCLE  
ORLANDO FL 32818 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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:

Gloria Louise Stephens  
Signature and typed or printed name of signing officer or director  
Date  
Daytime Phone #

CR2E037 (9/01)