

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007019

FILED
Apr 13, 2005
Secretary of State

Entity Name: CORNERSTONE FREE WILL BAPTIST CHURCH, INC.

Current Principal Place of Business:

445 W. 13TH STREET
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1623
APOPKA, FL 32704 US

New Mailing Address:

FEI Number: 59-3702921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEPHENS, GLORIA LOUISE H
2146 TWISTED PINE RD.
OCOE, FL 34761 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: M () Delete
Name: STEPHENS, GLORIA L
Address: 2146 TWISTED PINE RD.
City-St-Zip: OCOEE, FL 34761

Title: ST () Delete
Name: HOLMES, FARCES
Address: 19 WEST 18TH ST.
City-St-Zip: APOPKA, FL 32703

Title: TT () Delete
Name: STRIBLING, JOY
Address: 2146 TWISTED PINE RD.
City-St-Zip: OCOEE, FL 34761

Title: TD () Delete
Name: HOLMES, JIMMY L SR.
Address: 1153 EAST JACKSON ST.
City-St-Zip: MOUNT DORA, FL 32757

Title: T () Delete
Name: HENRY, DIEGO L
Address: 2146 TWISTED PINE RD.
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M (X) Change () Addition
Name: STEPHENS, GLORIA L
Address: 2146 TWISTED PINE RD.
City-St-Zip: OCOEE, FL 34761 US

Title: ST (X) Change () Addition
Name: STRIBLING, TYLER M
Address: 2146 TWISTED PINE ROAD
City-St-Zip: OCOEE, FL 34761 US

Title: TT (X) Change () Addition
Name: STRIBLING, JOY
Address: 2146 TWISTED PINE RD.
City-St-Zip: OCOEE, FL 34761 US

Title: TD (X) Change () Addition
Name: HOLMES, JIMMY L SR.
Address: 1153 EAST JACKSON ST.
City-St-Zip: MOUNT DORA, FL 32757 US

Title: T (X) Change () Addition
Name: HENRY, DIEGO L
Address: 2146 TWISTED PINE RD.
City-St-Zip: OCOEE, FL 34761 US

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: GLORIA LOUISE H. STEPHENS

O/D

04/13/2005

Electronic Signature of Signing Officer or Director

Date