## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000007019

FILED Apr 10, 2006 Secretary of State

Entity Name: CORNERSTONE FREE WILL BAPTIST CHURCH, INC.

	13TH STREET , FL 32703 US		
01101	,		
Current Mailing Address:		New Mailing Address:	
PO BOX APOPKA	. 1623 , FL 32704 US		
El Numbe	FEI Number Applied For()	FEI Number Not Applicable ( ) Certificate of Status Desired (	<b>(</b> )
Name an	d Address of Current Registered Agent:	Name and Address of New Registered Agent:	
2146 TV	NS, GLORIA LOUISE H /ISTED PINE RD. FL 34761 US		
	re named entity submits this statement for the te of Florida.	purpose of changing its registered office or registered agent, or	both,
NONIATI	IDE:		
DIANO	JNL.		
SIGNATO	Electronic Signature of Registered Ag	gent Date	
SIGNATU		gent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTOR
	Electronic Signature of Registered Ag RS AND DIRECTORS:  M () Delete STEPHENS, GLORIA L 2146 TWISTED PINE RD.		CTOR
DFFICEF ittle: lame: ddress: city-St-Zip: ittle: lame: ddress:	Electronic Signature of Registered Ag  RS AND DIRECTORS:  M () Delete STEPHENS, GLORIA L 2146 TWISTED PINE RD. OCOEE, FL 34761 US  ST () Delete STRIBLING, TYLER M 2146 TWISTED PINE ROAD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTION ( ) Change ( ) Addition Name: Address:	CTOR
DFFICEF ittle: lame: ddress: city-St-Zip: ittle: lame: ddress: city-St-Zip: ittle: lame: ddress:	Electronic Signature of Registered Ag  RS AND DIRECTORS:  M () Delete STEPHENS, GLORIA L 2146 TWISTED PINE RD. OCOEE, FL 34761 US  ST () Delete STRIBLING, TYLER M 2146 TWISTED PINE ROAD OCOEE, FL 34761 US  TT () Delete STRIBLING, JOY 2146 TWISTED PINE RD.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTION TITLE:  Name: Address: City-St-Zip:  Title: Name: Address: Address:	CTOR
OFFICEF itle: lame: ddress:	Electronic Signature of Registered Ag  RS AND DIRECTORS:  M	ADDITIONS/CHANGES TO OFFICERS AND DIRECTION  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address: ( ) Change ( ) Addition	CTOR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 L. H. STEPHENS DIRE 04/10/2006