

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90168 029 ****70.00

DOCUMENT # N99000007019

1. Entity Name
CORNERSTONE FREE WILL BAPTIST CHURCH, INC.



Principal Place of Business

**154 EAST 17TH STREET
APOPKA FL 32703**

445 W. 13th St. APOPKA, FL 32703

Mailing Address

**154 EAST 17TH STREET
APOPKA FL 32703**

**P.O. Box 1623
APOPKA, FL 32704**

2. Principal Place of Business

3. Mailing Address

P.O. Box 1623

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOPKA, FL

City & State

APOPKA FL

Zip

Country

Zip

Country

4. FEI Number **59-3702921**

Applied For

Not Applicable

5. Certificate of Status Desired ***** **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES
Address Only

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**

**2146 Twisted Pine Rd.
OCOCCE, FL 34761**

Name **Gloria L Stephens** (Address Only)

Street Address (P.O. Box Number is Not Acceptable)

2146 Twisted Pine Rd

City **OCOCCE**

FL

Zip Code **34761**

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

5/5/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **M** ☐ Change ☐ Addition
NAME **Gloria L Stephens** (Address Only)
STREET ADDRESS **2146 Twisted Rd.**
CITY-ST-ZIP **OCOCCE, FL 34761**

TITLE **ST** ☐ Delete
NAME **HOLMES, FARCES**
STREET ADDRESS **19 WEST 18TH ST.**
CITY-ST-ZIP **APOPKA FL 32703**

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

TITLE **TT** ☐ Delete
NAME **STRIBLING, JOY**
STREET ADDRESS **2624 SILKWOOD CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **TT** ☐ Change ☐ Addition
NAME **Stribling Joy** (Address Only)
STREET ADDRESS **2146 Twisted Pine Rd**
CITY-ST-ZIP **OCOCCE, FL 34761**

TITLE **TD** ☐ Delete
NAME **HOLMES, JIMMY L SR.**
STREET ADDRESS **1153 EAST JACKSON ST.**
CITY-ST-ZIP **MOUNT DORA FL 32757**

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

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

TITLE **T** ☐ Change ☐ Addition
NAME **Henry, Diego L.** (Address Only)
STREET ADDRESS **2146 Twisted Pine Rd**
CITY-ST-ZIP **OCOCCE, FL 34761**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

DANATUSE REQUIRED

Gloria L Stephens 5/5/03

407 877-0060

CR2E037 (10/02)