

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000034404

FILED
Mar 17, 2009
Secretary of State

Entity Name: CORNERSTONE BANCORP, INC.

Current Principal Place of Business:

6300 4TH STREET N
ST PETERSBURG, FL 33702

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 55699
ST PETERSBURG, FL 33732

New Mailing Address:

FEI Number: 52-2453761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMSON, DIAMOND & CATON
9075 SEMINOLE BLVD
SEMINOLE, FL 33772 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCED () Delete
Name: CARR, ROBERT L
Address: 6300 4TH STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33702

Title: D () Delete
Name: AMLEY, EDWARD A
Address: 6300 4TH STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33702

Title: D () Delete
Name: AMLEY, ROBERT B
Address: 6300 4TH STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33702

Title: D () Delete
Name: FULMER, VICTORIA M
Address: 6300 4TH STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33702

Title: D () Delete
Name: HERETICK, KENNETH W
Address: 6300 4TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D () Delete
Name: KUCERA, DEAN E
Address: 6300 4TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change () Addition
Name: FEASTER, DAVID P
Address: 6300 4TH STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33702

Title: DC (X) Change () Addition
Name: SKIPPER, PAUL
Address: 6300 4TH STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33702

Title: VS (X) Change () Addition
Name: PATTERSON, KAREN L
Address: 6300 4TH STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33702

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN PATTERSON

VS

03/17/2009

Electronic Signature of Signing Officer or Director

Date