

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

DOCUMENT# N03000003784

**Entity Name:** FAITH CORNERSTONE CHURCH MINISTRY, INC.

**Current Principal Place of Business:**

5460 COLLINS CHAPEL ROAD  
MALONE, FL 32445

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 518  
MALONE, FL 32445

**New Mailing Address:**

**FEI Number:** 02-0647024      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SMITH, VIRGINIA M  
4550 MT. PLEASANT RD.  
QUINCY, FL 32352 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: PD ( ) Delete  
Name: SMITH, VIRGINIA M  
Address: 4550 MT. PLEASANT RD.  
City-St-Zip: QUINCY, FL 32352

Title: VD ( ) Delete  
Name: SMITH, AROCK  
Address: 4550 MT. PLEASANT RD.  
City-St-Zip: QUINCY, FL 32352

Title: D ( ) Delete  
Name: IVEY, BRUCE  
Address: 138 GENE WILLIAMS RD.  
City-St-Zip: QUINCY, FL 32351

Title: O ( ) Delete  
Name: SMITH, TYRONE  
Address: 878 ARLINGTON CIRCLE  
City-St-Zip: QUINCY, FL 32351

Title: O ( ) Delete  
Name: CLOUD, AARON  
Address: 4550 MT PLEASANT RD  
City-St-Zip: QUINCY, FL 32352

Title: D ( ) Delete  
Name: ANDREWS, JAMES  
Address: 3338 VALLEY OAK DR.  
City-St-Zip: MARIANNA, FL 32446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA M. SMITH

PD

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date