

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000003784

**FILED**  
**Apr 06, 2015**  
**Secretary of State**  
**CC9203637663**

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

**Current Principal Place of Business:**

5460 COLLINS CHAPEL ROAD  
MALONE, FL 32445

**Current Mailing Address:**

P. O. BOX 518  
MALONE, FL 32445

**FEI Number: 02-0647024**

**Certificate of Status Desired: Yes**

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

SMITH, VIRGINIA M  
4550 MT. PLEASANT RD.  
QUINCY, FL 32352 US

*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

**Officer/Director Detail :**

Title PD  
Name SMITH, VIRGINIA M  
Address 4550 MT. PLEASANT RD.  
City-State-Zip: QUINCY FL 32352

Title VD  
Name SMITH, AROCK  
Address 4550 MT. PLEASANT RD.  
City-State-Zip: QUINCY FL 32352

Title D  
Name IVEY, BRUCE  
Address 138 GENE WILLIAMS RD.  
City-State-Zip: QUINCY FL 32351

Title O  
Name UPSHAW, JERRY  
Address 4258 6TH AVE.  
City-State-Zip: MARIANNA FL 32446

Title O  
Name THELMA, CALDWELL  
Address P. O. BOX 13  
City-State-Zip: MIDWAY FL 32343

Title D  
Name ANDREWS, JAMES  
Address 3338 VALLEY OAK DR.  
City-State-Zip: MARIANNA FL 32446

*I hereby 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 all other like empowered.*

**SIGNATURE: BRUCE IVEY**

**DIRECTOR**

**04/06/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date