

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

DOCUMENT# N05000003966

**Entity Name:** CORNERSTONE CHRISTIAN CHURCH OF TAMPA, INC.

**Current Principal Place of Business:**

18309 TOMLINSON DR.  
LUTZ, FL 33549

**FILED**  
**Jan 06, 2015**  
**Secretary of State**  
**CC7411601473**

**Current Mailing Address:**

P.O. BOX 17244  
TAMPA, FL 33682

**FEI Number: 41-2173451**

**Certificate of Status Desired: No**

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

COOPER, WILLIAM C  
18309 TOMLINSON DR.  
LUTZ, FL 33549 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	DO	Title	DV
Name	COOPER, WILLIAM C	Name	SAUCEDO, PETER M
Address	18309 TOMLINSON DR.	Address	18509 SUNWARD LAKE PL.
City-State-Zip:	LUTZ FL 33549	City-State-Zip:	LUTZ FL 33549
Title	DT	Title	DS
Name	ABRAHAM, WILLIAM C.P.	Name	MARTINSON, ERIC D
Address	24925 OAKHAVEN CT	Address	18107 CLEAR LAKE DR.
City-State-Zip:	LUTZ FL 33559	City-State-Zip:	LUTZ FL 33549

*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: WILLIAM C.P. ABRAHAM**

**TREASURER**

**01/06/2015**

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

\_\_\_\_\_  
Date