

**2019 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 02, 2019**  
**Secretary of State**  
**CC7629698413**

**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  
Name COOPER, WILLIAM C  
Address 18309 TOMLINSON DR.  
City-State-Zip: LUTZ FL 33549

Title DV  
Name SAUCEDO, PETER M  
Address 18509 SUNWARD LAKE PL.  
City-State-Zip: LUTZ FL 33549

Title DT  
Name ABRAHAM, WILLIAM C.P.  
Address 24925 OAKHAVEN CT  
City-State-Zip: LUTZ FL 33559

Title DS  
Name MARTINSON, ERIC D  
Address 18107 CLEAR LAKE DR.  
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**

**01/02/2019**

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

\_\_\_\_\_  
Date