

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000013325

Entity Name: CORNERSTONE OF BRISTOL INC.**Current Principal Place of Business:**10734 NW STATE ROAD 20
BRISTOL, FL 32321**Current Mailing Address:**PO BOX 204
BRISTOL, FLORIDA, FL 32321**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OXENDINE, RANDY
10734 NW STATE ROAD 20
BRISTOL, FL 32321 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	P
Name	OXENDINE, RANDY
Address	PO BOX 820
City-State-Zip:	BLOUNTSTOWN FL 32424

Title	T
Name	OXENDINE, DONNA
Address	PO BOX 820
City-State-Zip:	BLOUNTSTOWN FL 32424

Title	D
Name	ELKINS, AARON
Address	PO BOX 136
City-State-Zip:	HOSFORD FL 32334

Title	S
Name	OXENDINE, DONNA
Address	PO BOX 820
City-State-Zip:	BLOUNTSTOWN FL 32424

Title	D
Name	WELLS, BILL
Address	PO BOX 238
City-State-Zip:	BLOUNTSTOWN FL 32424

Title	D
Name	HOBBY, BILLY
Address	19062 NW COUNTY ROAD 379A
City-State-Zip:	BRISTOL FL 32321

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: RANDY OXENDINE**PRESIDENT****04/14/2023**

Electronic Signature of Signing Officer/Director Detail

Date