I hereby certify that the information indicated on this report or supplemental report is true and a	ccurate and that my electronic signature shall have the same	e legal effect as if made under
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to e	execute this report as required by Chapter 617, Florida Statu	tes; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE: STEPHEN P. WYNS	PASTOR	03/08/2016

SIGNATURE: STEPHEN P. WYNS

Electronic Signature of Signing Officer/Director Detail

## FEI Number: 59-3260463 Name and Address of Current Registered Agent:

**Current Principal Place of Business:** 

DOCUMENT# N9400003772

WYNS, STEPHEN P SR. 317 MILWAKUKEE AVE. DUNEDIN, FL 34689 US

317 MILWAUKEE AVE. DUNEDIN, FL 34698

**Current Mailing Address:** 317 MILWAUKEE AVE. DUNEDIN, FL 34698 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: STEPHEN P. WYNS

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

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litie	D	
Name	WYNS, STEPHEN P SR.	
Address	203 DUNBRIDGE DR.	
City-State-Zip:	PALM HARBOR FL 34684	

Entity Name: CORNERSTONE CHRISTIAN CENTER OF CLEARWATER, INC.

## Certificate of Status Desired: Yes

03/08/2016

Date

Date

FILED Mar 08, 2016 Secretary of State CC6487352747

PASTOR