

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711454

FILED
Mar 12, 2009
Secretary of State

Entity Name: CORNERSTONE BAPTIST CHURCH OF PENSACOLA, INC.

Current Principal Place of Business:

5454 MOBILE HWY.
PENSACOLA, FL 32526

New Principal Place of Business:

Current Mailing Address:

5454 MOBILE HWY.
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 59-1222322 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, BOBBY LEE
2681 TINOSA LANE
PENSACOLA, FL 32526 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: PHELPS, BILL
Address: 255 AQUAMARINE AVE
City-St-Zip: PENSACOLA, FL 32505

Title: DT () Delete
Name: CROSBY, GARY H
Address: 4712 CLARA ST
City-St-Zip: PENSACOLA, FL 32526

Title: DT () Delete
Name: PADGETT, BUDDY
Address: 706 EDISON DR.
City-St-Zip: PENSACOLA, FL 32505

Title: P () Delete
Name: SMITH, BOBBY LEE,
Address: 2681 TINOSA LANE
City-St-Zip: PENSACOLA, FL

Title: S/T () Delete
Name: CROSBY, DANALEEN
Address: 4712 CLARA ST
City-St-Zip: PENSACOLA, FL 32526

Title: DT () Delete
Name: ZIEGLER, RON
Address: 1496 WATER OAK TRAIL
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: SMITH, DICKIE
Address: 3105 CHRISANDRA CT.
City-St-Zip: PENSACOLA, FL 32526

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BOBBY LEE SMITH

P

03/12/2009

Electronic Signature of Signing Officer or Director

_____ Date