

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711454

FILED  
Mar 15, 2010  
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  
Name: PHELPS, BILL  
Address: 255 AQUAMARINE AVE  
City-St-Zip: PENSACOLA, FL 32505

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

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

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

Title: DT  
Name: SMITH, DICKIE  
Address: 3105 CHRISANDRA CT.  
City-St-Zip: PENSACOLA, FL 32526

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

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: BOBBY LEE SMITH

P

03/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date