

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000003784

**FILED**  
**Apr 06, 2015**  
**Secretary of State**  
**CC9203637663**

**Entity Name:** FAITH CORNERSTONE CHURCH MINISTRY, INC.

**Current Principal Place of Business:**

5460 COLLINS CHAPEL ROAD  
MALONE, FL 32445

**Current Mailing Address:**

P. O. BOX 518  
MALONE, FL 32445

**FEI Number: 02-0647024**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

SMITH, VIRGINIA M  
4550 MT. PLEASANT RD.  
QUINCY, FL 32352 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	PD	Title	VD
Name	SMITH, VIRGINIA M	Name	SMITH, AROCK
Address	4550 MT. PLEASANT RD.	Address	4550 MT. PLEASANT RD.
City-State-Zip:	QUINCY FL 32352	City-State-Zip:	QUINCY FL 32352
Title	D	Title	O
Name	IVEY, BRUCE	Name	UPSHAW, JERRY
Address	138 GENE WILLIAMS RD.	Address	4258 6TH AVE.
City-State-Zip:	QUINCY FL 32351	City-State-Zip:	MARIANNA FL 32446
Title	O	Title	D
Name	THELMA, CALDWELL	Name	ANDREWS, JAMES
Address	P. O. BOX 13	Address	3338 VALLEY OAK DR.
City-State-Zip:	MIDWAY FL 32343	City-State-Zip:	MARIANNA FL 32446

*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: BRUCE IVEY**

**DIRECTOR**

**04/06/2015**

Electronic Signature of Signing Officer/Director Detail

Date