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COMMONWEALTH OF KENTUCKY TREY GRAYSON, SECRETARY OF STATE **ANNUAL REPORT DUE JUNE 30, 2006**



ORGANIZATION ID# 0575467

STATE OR COUNTRY OF INCORPORATION

ΚY	

ORGANIZATION DATE 12/31/2003

FILING

\$15.00

(4) EVACT CORRODATE MANE AND CURRENT		
(1) EXACT CORPORATE NAME AND CURRENT	PRINCIPAL OFFICE ADDRE	:55
CORNERSTONE CHRISTIAN BOOK S	STORE INC	
1220 MASTER ST.	•	
CORBIN, KY 40701	RECEIVED	(3) THE PRINCIPAL OFFICE ADDRESS IS HEREBY CHANGED TO
	2000	
	MAY 16 2006	11855. HWY 1223
	SECRETARY OF STAT	CORBIN, XY YOTOI
(2) CURRENT REGISTERED AGENT AND REGISTERED Changes made to the registered agent or registered office Complete (4) to request a form to be mailed or download HENRY H. WESTERFIELD, JR.	e cannot be made on this form. form from web site.	
HENRY H. WESTERFIELD, JR.		(4) MAIL A STATEMENT OF CHARGE OF AGENT OF COLUMN
1220 MASTER ST.		
CORBIN, KY 40701		
(5) PRINCIPAL OFFICERS If (5) is blank, type or print the ribbe returned if business addresses are not listed. If the coany additions to or changes in the principal officers and g	orporation has previously filed an	s of the current principal officers. If sole officer, please note. The annual report will annual report, verify the names and titles of officers listed below. Please note ach person listed.
President Henry Westerfield, Jr.		1185 5 HWY 1293 MPRIN PL VADOR
Adams to Manager Color		1/85 5. HWY 1293 CORBIN KY 40701 Address 185 5. HWY 1223 CORBIN KY 40701
Secretary Margret Westerneid		1/85 5, 109 164 3
		Address
		Address
· · ·		Address
(6) DIRECTORS Type or print the names and business a (KRS 271B.8-010(3)). Nonprofit corporations must list	ddresses of the corporation's di st three (3) or more directors (k	irectors. No listing of directors is verification that the corporation has dispensed with directors (RS 273.211). The annual report will be returned if business addresses are not listed.
Name		Address
(7) Check here if you are a cooperative corporat Check here if you are a rural electric or rural I VERIFY THAT THE INFORMATION IN THIS	telephone cooperative cor	ed under KRS 272. poration organized under KRS 279. URRENT AS OF THE DATE THIS REPORT IS EXECUTED.
Signature of Officer of Chairman of the Board	#ENRY WESTE Type or Prir	FRES 5-14-06 It Name Title Date

ANNUAL REPORT AND FILING FEE

Submit for filing the completed annual report form and correct filing fee as indicated above. Make check payable to the "Kentucky State Treasurer". Please do not send cash.

MAILING ADDRESS

Trey Grayson Secretary of State P O Box 1150 Frankfort, KY 40602-1150 **OFFICE LOCATION** Secretary of State

(502)-564-2848

State Capitol, Room 154 700 Capital Avenue Frankfort, KY 40601

NOTE: P O Box 1150 is for annual report filings only.