

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90153 001 *2,375.00

DOCUMENT # N12232

1. Entity Name
**CORNERSTONE MINISTRIES' SAFETY HARBOR LAND
TRUST, INC.**



Principal Place of Business
**142 5TH AVENUE, NORTH
ST. PETERSBURG, FL 33701 US**

Mailing Address
**14955 GULF BOULEVARD
SUITE 5
MADEIRA BEACH, FL 33708 US**

00026556



2. Principal Place of Business

3. Mailing Address
14955 Gulf Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2

08242005 Chg-NP CR2E037 (10/03)

City & State

City & State

Madeira Beach, FL

4. FEI Number
59-2822563

Applied For
Not Applicable

Zip

Country

Zip

Country

33708

US

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUNNING, RANDAL P
14955 GULF BOULEVARD
SUITE 5
MADEIRA BEACH, FL 33708**

Name
Gunning, Randal P.
Street Address (P.O. Box Number is Not Acceptable)
14955 Gulf Boulevard
Suite 2
City
Madeira Beach **FL** Zip Code
33708

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

, Registered Agent 8/23/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GHOTTO, JEFFREY R
14955 GULF BOULEVARD, SUITE 5
MADEIRA BEACH, FL 33708** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Ghiotto, Jeffrey R., Pastor
14955 Gulf Boulevard, Suite 2
Madeira Beach, FL 33708** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
GUNNING, RANDAL P
14955 GULF BOULEVARD, SUITE 5
MADEIRA BEACH, FL 33708** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
Gunning, Randal P.
14955 Gulf Boulevard, Suite 2
Madeira Beach, FL 33708** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
Gunning, Darlene
14955 Gulf Boulevard, Suite 2
Madeira Beach, FL 33708** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 if changed, or on an attachment with an address, with all other like empowered.

**Vice
President**

8/23/05 727-391-5512

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime