2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State
02-12-2008 90017 033 ****61.25

DOCUMENT # N12232

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

4002349U

Principal Place of Business	Mailing Address
14955 GULF BLVD SUITE 2 MADEIRA BEACH, FL 33708 US	14955 GULF BOULEVARD SUITE 2 MADEIRA BEACH, FL 33708 US

01232008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
910 CLEARVIEW AVE	910 CLEARVIEW AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKELAND, FL	City & State: LAKELAND, FL
Zip: 33801 Country: USA	Zip: 33801 Country: USA

4. FEI Number ~~59-2822563~~ 59-2882563 ☐ Applied For ☐ Not Applicab

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

6. Name and Address of Current Registered Agent

GUNNING, RANDAL P
14955 GULF BOULEVARD
SUITE 2
MADEIRA BEACH, FL 33708

7. Name and Address of New Registered Agent

Name: SHAYLA G. RAYMOND
Street Address (P.O. Box Number is Not Acceptable): 910 CLEARVIEW AVE
City: LAKELAND **FL** Zip Code: 33801

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 accep the obligations of registered agent.

SIGNATURE: SHAYLA G. RAYMOND DATE: 1/24/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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 IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GHIOTTO, JEFFREY R 14955 GULF BOULEVARD SUITE 2 MADEIRA BEACH, FL 33708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additi
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 i changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAYLA G. RAYMOND DATE: 1/24/08 941-403-3701