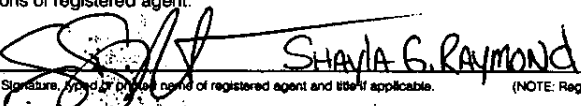


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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.					
Principal Place of Business 14955 GULF BLVD SUITE 2 MADEIRA BEACH, FL 33708 US			Mailing Address 14955 GULF BOULEVARD SUITE 2 MADEIRA BEACH, FL 33708 US		
2. Principal Place of Business - No P.O. Box # 910 CLEARVIEW AVE Suite, Apt. #, etc.		3. Mailing Address 910 CLEARVIEW AVE Suite, Apt. #, etc.			
City & State LAKELAND, FL Zip 33801		City & State LAKELAND, FL Zip 33801		4. FEI Number 59-2822563 59-2882563 Applied For ☐ Not Applicable	
Country USA		Country USA		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 accept the obligations of registered agent.					
SIGNATURE  SHAYLA G. RAYMOND 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 ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GUNNING, RANDAL P 14955 GULF BOULEVARD SUITE 2 MADEIRA BEACH, FL 33708 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SHAYLA G. RAYMOND 910 CLEARVIEW AVE LAKELAND, FL 33801 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NATHAN RAYMOND 910 CLEARVIEW AVE LAKELAND, FL 33801 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  **SHAYLA G. RAYMOND** 1/24/08