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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38633 (6)

1. Corporation Name

THE CORNERSTONE MINISTRIES OF HILLIARD, INC.

Principal Place of Business	Mailing Address
2226 N KINGS RD P.O BOX 1167 HILLIARD FL 32046 US	P.O BOX 1107 312 ORANGE ST HILLIARD FL 32046 US

3. Date Incorporated or Qualified: 06/18/1990

4. FEI Number: 59-3028140 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 32046 Country 25: Nassau	Zip 29: 32046 Country 30: Nassau

9. Name and Address of Current Registered Agent

VANZANT, W. C.
312 ORANGE ST.
HILLIARD FL 32046

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE W.C. VanZant 1/21/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BAGBY, ARDYTHE W		1.2 NAME		
STREET ADDRESS	ROUTE 3, BOX 193 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	HILLARD FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NETTLES, BARBARA D		2.2 NAME		
STREET ADDRESS	P.O BOX 1561 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	CALLAHAN FL		2. 4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VANZANT, BARBARA		3.2 NAME		
STREET ADDRESS	312 ORANGE STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	HILLIARD FL 32046		3.4. CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VANZANT, W.C.		4. 2 NAME		
STREET ADDRESS	312 ORANGE STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	HILLIARD FL 32046		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BAGBY, ARDYTHE W		5.2 NAME		
STREET ADDRESS	ROUTE 3, BOX 193		5.3 STREET ADDRESS		
CITY-ST-ZIP	HILLIARD FL 32046		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ROMERO, VERONA B		6.2 NAME		
STREET ADDRESS	RT 3 BOX 790 N/A		6.3 STREET ADDRESS		
CITY-ST-ZIP	HILLIARD FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ardythe W. Bagby TD 1-21-98