

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91158 010 ****61.25

DOCUMENT # N38633

1. Entity Name

THE CORNERSTONE MINISTRIES OF HILLIARD, INC.

Principal Place of Business

312 ORANGE ST.
 HILLIARD FL 32046-1107
 US

Mailing Address

P.O. BOX 1107
 HILLIARD FL 32046-1107
 US

2. Principal Place of Business

2262 N KINGS RD

3. Mailing Address

Suite, Apt. #, etc.

City & State

HILLIARD FL 32046

City & State

HILLIARD FL 32046

Zip

32046

Country

FL

Zip

32046

Country

FL

4. FEI Number

59-3028140

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

VANZANT, BARBARA J
 312 ORANGE ST.
 P O BOX 1107
 HILLIARD FL 32046

7. Name and Address of New Registered Agent

Name: **BARBARA J. VANZANT**
 Street Address (P.O. Box Number is Not Acceptable): **312 ORANGE ST**
PO BOX 1107
 City: **HILLIARD** FL Zip Code: **32046**

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.

SIGNATURE

Barbara J. Vanzant
 Signature, typed or printed name of registered agent and title if applicable. (If Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	☐ Delete
NAME	BAGBY, ARDYTHE W	
STREET ADDRESS	ROUTE 3, BOX 193 N/A	
CITY-ST-ZIP	HILLIARD FL	
TITLE	D	☒ Delete
NAME	NETTLES, BARBARA D	
STREET ADDRESS	P.O BOX 1561 N/A	
CITY-ST-ZIP	CALLAHAN FL	
TITLE	VP	☐ Delete
NAME	VANZANT, BARBARA	
STREET ADDRESS	312 ORANGE STREET	
CITY-ST-ZIP	HILLIARD FL 32046	
TITLE	SD	☐ Delete
NAME	BARKER, JANINE P	
STREET ADDRESS	647 CAMP PINKNEY RD	
CITY-ST-ZIP	FOLKSTON GA 31537	
TITLE	T	☐ Delete
NAME	JONES, GWEN	
STREET ADDRESS	P O BOX 1504	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	D	☐ Delete
NAME	ROMERO, VERONA B	
STREET ADDRESS	RT 3 BOX 790	
CITY-ST-ZIP	HILLIARD FL 32046	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	BARBARA D. FENDRUS	☒ Change ☐ Addition
NAME	PO BOX 1561 N/A	
STREET ADDRESS	CALLAHAN, FL 32061	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 no 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:

Barbara J. Vanzant
 Signature, typed or printed name of registered agent and title if applicable. (If Registered Agent signature required when reinstating)

CR2E037 (10/00)