## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 09, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # N38633 RNERSTONE MINISTRIES	OF HILLIARD, INC.		03	-09-2004 90053	3 025 ****	70.00
Principal Plac 2262 N KING HILLIARD, FL	GS ROAD	Mailing Address P.O. BOX 1167 HILLIARD, FL 32046 U	ds.		24	018526	6
	Place of Business ON. Kings Road	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092004 Chg-	NP CR2E	037 (10/03)	
City & State Hilliard, FL		City & State		4. FEI Number 59-3028140	•		pplied For ot Applicable
Zip 32046	Country	Zip	Country	5. Certificate of Statu	s Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		7. Name and Addres	s of New Registered	l Agent	
UTSINGER, BONNIE R 27085 ROMERO DR. P.O. BOX 1106 HILLIARD, FL 32046			Street Address 450302	Street Address (P.O. Box Number is Not Acceptable)  450302 State Road 200  NO PO BOX Callahan  FL Zip Code 32011			
	named entity submits this statement for		<u>  Callah</u>				
DIONATURE:			· · · · · · · · · · · · · · · · · · ·		and the second	* "	
A PER NO.	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004	and little # applicable. \(\) (NOTE: Reg	gistered Agent signature require	\$5.00 May Be Added to Fees	Make che Florida Depa	ck payable t artment of S	tate
The first sp	Signature, typed or printed name of registered again Filling Fee.is \$61.25 Due by May 1, 2004  OFFICERS AND DI	and little # applicable. \(\) (NOTE: Reg	gistered Agent signature require	\$5.00 May Be	Make che Florida Depa	ck payable t artment of S	tate
The Training The Herbert Strain Agents	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004	and little # applicable. \(\) (NOTE: Reg	ign Financing right in the requirement of the requi	\$5.00 May Be Added to Fees	Make che Florida Depa TO OFFICERS AND D	ck payable t artment of S	tate
10.  TITLE  NAME  STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DI TOVP BAGBY, ARDYTHE W 7874 WADE DR. HILLARD, FL. 32046 STD UTSINGER, BONNIE R	9. Election Campai Trust Fund Cont	ign Financing ribution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME A TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME A TI	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES	Make che Florida Depa TO OFFICERS AND E  R	ck payable to artment of SI	N 10
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND DI TDVP BAGBY, ARDYTHE W 7874 WADE DR. HILLARD, FL 32046  STD UTSINGER, BONNIE R P.O. BOX 1106 HILLIARD, FL 32046 PD ROMERO, VERONA B 8372 ROMERO DR.	9. Election Campai Trust Fund Cont  RECTORS  Delete	ign Financing ribution.   11.   TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME CITY-ST-ZIP  TITLE NAME CITY-ST-ZIP  TITLE NAME CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE NAME CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE DNAME R. STREET ADDRESS 2	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES  736 Wade DI  736 Wade DI  50302 State allahan, Fi D imberly G. 5373 CR 123  andy E. Tai 4170 Dales	Make the Florida Dept TO OFFICERS AND ER  R R R 200 L 32011 Lee Hilliar Hilliar Place	ck payable to artment of Si DIRECTORS IN Change	N 10 Addition Addition
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: Bonnie Utbingu	3-8-04	904-819-9046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #