2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2006
Secretary of State

DOCUMENT# N38633

Entity Name: THE CORNERSTONE MINISTRIES OF HILLIARD, INC.

Current Principal Place of Business:

551450 N. KINGS ROAD
HILLIARD, FL 32046 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1167
HILLIARD, FL 32046 US

New Mailing Address:

FEI Number: 59-3028140 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

UTSINGER, BONNIE R
450302 STATE ROAD 200
CALLAHAN, FL 32011 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TDVP	( ) Delete
Name:	BAGBY, ARDYTHE W	
Address:	3736 WADE DR	
City-St-Zip:	HILLARD, FL 32046	
Title:	TDA	( ) Delete
Name:	UTSINGER, BONNIE R	
Address:	450302 STATE RD 200	
City-St-Zip:	CALLAHAN, FL 32011	
Title:	SD	( ) Delete
Name:	LEE, KIMBERLY G	
Address:	27084 MICHEAL LN	
City-St-Zip:	HILLIARD, FL 32046	
Title:	D	( ) Delete
Name:	BATTON, MARVIN E	
Address:	371871 HENRY SMITH RD.	
City-St-Zip:	CALLAHAN, FL 32046	
Title:	D	( ) Delete
Name:	PENDARVIS, FRANK	
Address:	44038 DALES PLACE	
City-St-Zip:	CALLAHAN, FL 32011	
Title:	PD	( ) Delete
Name:	TALLMAN, RANDY	
Address:	2776 DALES PLACE	
City-St-Zip:	CALLAHAN, FL 32011	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	LEE, KIMBERLY G	
Address:	27301 KARA CIR	
City-St-Zip:	HILLIARD, FL 32046	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	PENDARVIS, DALE	
Address:	44038 DALES PLACE	
City-St-Zip:	CALLAHAN, FL 32011	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY G. LEE D 08/19/2006

Electronic Signature of Signing Officer or Director — Date