

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48894

Entity Name: CORNERSTONE OCALA, INC.**Current Principal Place of Business:**3300 SW 66TH STREET
OCALA, FL 34476**Current Mailing Address:**3300 SW 66TH STREET
OCALA, FL 34476 US**FEI Number:** 59-3121502**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**THE FLORIDA LEGAL ADVOCACY GROUP PA
445 NE 8TH AVENUE
OCALA, FL 34470 US*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**Officer/Director Detail :**

Title	D
Name	C PATTON WILLIAMS
Address	4565 S.E. 48TH PLACE RD.
City-State-Zip:	OCALA FL 34480

Title	DIRECTOR
Name	BOLLERS, CHRISEAN
Address	2625 SE 50TH TERRACE
City-State-Zip:	OCALA FL 34480

Title	DIRECTOR
Name	SOUTHALL, GARY
Address	7305 SW 22ND STREET
City-State-Zip:	OCALA FL 34474

Title	D, SECRETARY
Name	REMINGTON, THERON
Address	2454 N W 57TH PLACE
City-State-Zip:	OCALA FL 34475

Title	DIRECTOR
Name	MYRICK, JOSEPH
Address	4610 NE 14TH PLACE
City-State-Zip:	OCALA FL 34470

Title	PRESIDENT, DIRECTOR
Name	SIZEMORE, JAMES AARON
Address	5303 SW 49TH AVE
City-State-Zip:	OCALA FL 34474

I hereby 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 all other like empowered.

SIGNATURE: C. PATTON WILLIAMS**DIRECTOR****02/07/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date