2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007
Secretary of State

DOCUMENT# 735415

Entity Name: CORNERSTONE FAMILY MINISTRIES, INC.

Current Principal Place of Business:

2801 N. 17TH STREET
TAMPA, FL 33605 US

New Principal Place of Business:

2801 N 17TH STREET
TAMPA, FL 33605 US

Current Mailing Address:

P. O. BOX 5746
TAMPA, FL 33675 US

New Mailing Address:

PO BOX 5746
TAMPA, FL 33675 US

FEI Number: 59-0638509 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LANGFORD, STEVE
2801 17TH STREET NORTH
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

LANGFORD, STEVE
2801 N 17TH STREET
TAMPA, FL 33605 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: _____ 03/15/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LOPER, JAMES
Address: 15438 N. FLORIDA #101
City-St-Zip: TAMPA, FL 33613

Title: VP ( ) Delete
Name: NILES, WALTER
Address: 2916 N. JEFFERSON STREET
City-St-Zip: TAMPA, FL 33602

Title: SD ( ) Delete
Name: CROSSLEY, ELEANOR
Address: 2015 HARTLEBURY WAY
City-St-Zip: SUN CITY CENTER, FL 33573

Title: TD ( ) Delete
Name: HARVEY, CHARLES
Address: 3301 BAYSHORE BLVD., UNIT 1002
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LOPER, JAMES
Address: 2801 N 17TH STREET
City-St-Zip: TAMPA, FL 33605

Title: VP (X) Change ( ) Addition
Name: NILES, WALTER
Address: 2801 N 17TH STREET
City-St-Zip: TAMPA, FL 33605

Title: SD (X) Change ( ) Addition
Name: CROSSLEY, ELEANOR
Address: 2801 N 17TH STREET
City-St-Zip: TAMPA, FL 33605

Title: TD (X) Change ( ) Addition
Name: HARVEY, CHARLES
Address: 2801 N 17TH STREET
City-St-Zip: TAMPA, FL 33605

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: STEVE LANGFORD ED 03/15/2007
Electronic Signature of Signing Officer or Director — Date