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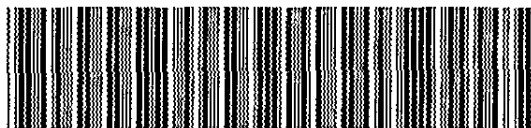
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W04-24282



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FILE

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cornerstone Community Services, Inc.
(Name of Corporation – must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Angela Bowers

(Name of Person)

Cornerstone Community Services Incorporated

(Firm/Company)

P.O. Box 81321

(Address)

Conyers, Ga. 30018

(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Bowers

(Name of Person)

at (770) 673.7999

(Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|--|



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 23, 2004

ANGELA BOWERS
CORNERSTONE COMMUNITY SERVICES, INCORPOR
P.O. BOX 81321
CONYERS, GA 30018

SUBJECT: CORNERSTONE COMMUNITY SERVICES, INCORPORATED
Ref. Number: W04000024282

We have received your document for CORNERSTONE COMMUNITY SERVICES, INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 504A00041583

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. Cornerstone Community Services, Incorporated
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Georgia 3. 58-264549
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. ~~00/02/2003~~ 05/08/2001 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 617.155, F.S.)
7. 3611 Sierra Dr., Stockbridge Ga. 30281
(Principal office address)
P.O. Box 81321, Conyers, Ga. 30018
(Current mailing address)
8. Socail Services
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: Alzora Kennedy
Office Address: 1802 NE 30th St.
Ocala, Florida 34479
(City) (Zip Code)
04 JUL 10 PM 4:53
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
Alzora Kennedy
(Registered agent's signature)
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Gregory Bowers

Address: 3611 Sierra Dr

Stockbridge, Ga. 30281

Vice President: Denita Stephen

Address: P.O. Box 81321

Conyers, Ga. 30018

Secretary: Alzora Bowers

Address: 1802 NE 30th St Ocala, FL 34479

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Gregory K. Bowers
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Gregory Bowers, President
(Typed or printed name and capacity of person signing application)

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Gregory Bowers

Address: 3611 Sierra Dr

Stockbridge, Ga. 30281

Vice President: Angela Bowers

Address: 3611 sierra Dr.

Stockbridge, Ga. 30281

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Gregory Bowers
(Signature of Director or Officer listed in number 12 of the application)

14. Gregory Bowers, President
(Typed or printed name and capacity of person signing application)

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0121640
DATE INC/AUTH/FILED: 05/08/2001
JURISDICTION : GEORGIA -
PRINT DATE : 05/18/2004
FORM NUMBER : 211

CORNERSTONE COMMUNITY SERVICES INC.
GREGORY BOWERS
P.O. BOX 81321
CONYERS, GA 30013

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

CORNERSTONE COMMUNITY SERVICES, INCORPORATED
A GEORGIA NON-PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20040518151412322



Cathy Cox

Cathy Cox
Secretary of State