


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000008197
1. Entity Name
CORNERSTONE CHAPEL, INC.



Principal Place of Business
212 N. COLLINS ST., STE. 2
PLANT CITY, FL

Mailing Address
212 N. COLLINS ST., STE. 2
PLANT CITY, FL

DO NOT WRITE IN THIS SPACE



08042004 No Chg-NP CR2E037 (10/03)

4. FEI Number
30-0027149

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
REDMAN, JAMES L
212 N. COLLINS ST., STE. 2
PLANT CITY, FL

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000163561
08/09/04-80001-021 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLLARD, JAMES 1103 S EVERS ST PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD SIMMONS, CAROL 5112 MUD LAKE ROAD PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD CLARKE, BILL 1249 KALSO ROAD THONOTOSASSA, FL 33592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KNOX, SYLVIA 4307 US HWY 92 W PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MASSEY, VIOLETE 1704 JOE MCINTOSH ROAD PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: James A. Pollard James A. Pollard, Pres. August 4, 2004 (813) 759-2277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #