

**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



08042004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 PD  
NAME POLLARD, JAMES  
STREET ADDRESS 1103 S EVERS ST  
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE 2VPD  
NAME SIMMONS, CAROL  
STREET ADDRESS 5112 MUD LAKE ROAD  
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE 1VPD  
NAME CLARKE, BILL  
STREET ADDRESS 1249 KALSO ROAD  
CITY-ST-ZIP THONOTOSASSA, FL 33592

TITLE SD  
NAME KNOX, SYLVIA  
STREET ADDRESS 4307 US HWY 92 W  
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE TD  
NAME MASSEY, VIOLETE  
STREET ADDRESS 1704 JOE MCINTOSH ROAD  
CITY-ST-ZIP 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 4, 2004 (813) 759-2297  
Daytime Phone #