

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008197

FILED
Apr 30, 2005
Secretary of State

Entity Name: CORNERSTONE CHAPEL, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 30-0027149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REDMAN, JAMES L
212 N. COLLINS ST., STE. 2
PLANT CITY, FL US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POLLARD, JAMES
Address: 1103 S EVERS ST
City-St-Zip: PLANT CITY, FL 33566

Title: 2VPD () Delete
Name: SIMMONS, CAROL
Address: 5112 MUD LAKE ROAD
City-St-Zip: PLANT CITY, FL 33567

Title: 1VPD () Delete
Name: CLARKE, BILL
Address: 1249 KALSO ROAD
City-St-Zip: THONOTOSASSA, FL 33592

Title: SD () Delete
Name: KNOX, SYLVIA
Address: 4307 US HWY 92 W
City-St-Zip: PLANT CITY, FL 33567

Title: TD () Delete
Name: MASSEY, VIOLETE
Address: 1704 JOE MCINTOSH ROAD
City-St-Zip: PLANT CITY, FL 33565

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 1VPD (X) Change () Addition
Name: SIMMONS, CAROL
Address: 5112 MUD LAKE ROAD
City-St-Zip: PLANT CITY, FL 33567

Title: 2VPD (X) Change () Addition
Name: MARSHA, MARSHA
Address: 308 REYNOLDS STRRRT
City-St-Zip: PLANT CITY, FL 33566

Title: SD (X) Change () Addition
Name: RODGERS, SARAH LINDA
Address: 1606 S. HUNTER STREET
City-St-Zip: PLANT CITY, FL 33566

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES POLLARD

PD

04/30/2005

Electronic Signature of Signing Officer or Director

Date