

# 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