


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90181 035 ****61.25

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|--|--|--|---|---|--|
| 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 | | |
| 2. Principal Place of Business 315 N. Collins Street Suite, Apt. #, etc. | | 3. Mailing Address 315 N. Collins Street Suite, Apt. #, etc. | | | |
| City & State Plant City, Florida Zip 22563 | | City & State Plant City, Florida Zip 33563 | | 4. FEI Number 30-0027149 Applied For <input type="checkbox"/> Not Applicable | |
| Country Hillsborough | | Country Hillsborough | | 5. Certificate of Status Desired <input type="checkbox"/> \$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 | | | 7. Name and Address of New Registered Agent Name Violete Massey Street Address (P.O. Box Number is Not Acceptable) 1704 Joe McIntosh Road City Plant City FL Zip Code 33565 | | |
| 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: <u><i>Violete Massey</i></u> 4-21-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD POLLARD, JAMES 1103 S EVERS ST PLANT CITY, FL 33566 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1VPD SIMMONS, CAROL 5112 MUD LAKE ROAD PLANT CITY, FL 33567 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2VPD MARSHA, MARSHA 308 REYNOLDS STRRT PLANT CITY, FL 33566 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ZVP PASSMORE, MARSHA 308 REYNOLDS STREET PLANT CITY, FL 33566 <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD RODGERS, SARAH LINDA 1606 S. HUNTER STREET PLANT CITY, FL 33566 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MASSEY, VIOLETE 1704 JOE MCINTOSH ROAD PLANT CITY, FL 33565 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Violete Massey</i></u> 4-21-06 (813) 752-2659 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

ATTACHMENT

OFFICE OF

40069840
#N01000008197

TRINKLE, REDMAN, SWANSON & COTON, P.A.

ATTORNEYS AT LAW
121 NORTH COLLINS STREET
P.O. BOX 11
PLANT CITY, FLORIDA 33564-9040

JOHN R. TRINKLE (1901-1969)

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TELECOPIER (813) 754-8957
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KEITH C. SMITH
CONRAD SWANSON
ROBERT S. TRINKLE

Of Counsel
RUSSELL K. PEAVYHOUSE

April 26, 2006

Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500

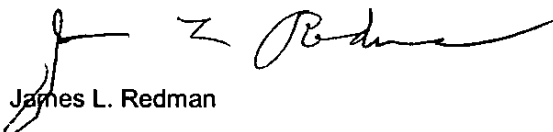
Re: CORNERSTONE CHAPEL, INC.
A Not-For-Profit Corporation Annual Report

Gentlemen:

Enclosed are the following in connection with the above corporation:

1. 2006 Not-For-Profit Corporation Annual Report with change of Registered Agent.
2. Cornerstone Chapel, Inc., Check No. 1134 in the amount of \$61.25 which represents the annual filing fee for the report.

Sincerely yours,


James L. Redman

JLR:fg
Enclosures