

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Mar 04, 2008
Secretary of State**

DOCUMENT# N01000008197

Entity Name: CORNERSTONE CHAPEL, INC.

Current Principal Place of Business:

315 N. COLLINS STREET
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

4315 N. COLLINS STREET
PLANT CITY, FL 33563

New Mailing Address:

P. O. BOX 2273
PLANT CITY, FL 33564 US

FEI Number: 30-0027149 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MASSEY, VIOLETE
1704 JOE MCINTOSH ROAD
PLANT CITY, FL 33565 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: VIOLETE MASSEY

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

Title: 2VPD () Delete
Name: PASSMERE, MARSHA
Address: 308 REYNOLDS STRRRRT
City-St-Zip: PLANT CITY, FL 33566

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

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: PD (X) Change () Addition
Name: POLLARD, JAMES
Address: 1103 S EVERS ST
City-St-Zip: PLANT CITY, FL 33563

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

03/04/2008

Electronic Signature of Signing Officer or Director

Date