

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

0042834

01-13-2003 90462 038 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **30-0027149**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **MASSEY, VIOLETE**
STREET ADDRESS **1704 JOE MCINTOSH ROAD**
CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **SIGNATURE OF James L. Pollard Pres. 1/8/03 813 759-2247**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)