## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 17, 2006 8:00 am Secretary of State

DOCUMENT # N0100008358  1. Entity Name CORNERSTONE ABUNDANT LIFE CHURCH, INC.					C	)2-17-2006 !	90064 04	16 ****7	0.00
Principal Place 664 BERKLE PENSACOLA		Mailing Address PO BOX 2102 PENSACOLA, FL 32513	3-2102 US						
	Place of Business W. Chase Street	3. Mailing Address		•					
Suite, Apt.		Suite, Apt. #, etc.			01312006 (	Chg-NP	CR2E0	37 (11/05)	)
City & Star		City & State			4. FEI Number 59-37588	74		<del> </del>	Applied For Not Applicable
zip 3 ac	501 USA	Zip -	Country		5. Certificate of	Status Desired	10/-	\$8.75 A	
	6. Name and Address of Current F	Registered Agent			7. Name and Ad	idress of New i	Registered	Agent	
SIMMONS	S TERRY G SR		Name						
SIMMONS, TERRY G SR. 664 BERKLEY DR. PENSACOLA, FL 32503			Street	Address (I	P.O. Box Number is	s Not Acceptabl	le)		
			City					Zip Co	ude
The above named entity submits this statement for the purpose of changing its registered office or re					ed agent or both	in the State of Fl	FI	<b>-</b>   '	
	tions of registered agent.	1						_	,
						_			
SIGNATURE	Jerry H Semm	ons, Sh. To	erry E	i. Si	mmon	s,Sr F	<u>'D</u>	<u> 2 1:</u>	3106
SIGNATURE	Signature, typed or printed name of registered agent a	na title if applicable. (NOTE	2 ( Y y E Registered Agent sign.	ature required		s;Sr F	DATE	2/13	3106
	Signature, typed or first of name of registered agent a Filling Fee is \$61.25 Due by May 1, 2006	1.	paign Financing	ature required		A segment		k payable	to ac 200
10.	Filling Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Carr Trust Fund C	paign Financing		when reinstating) \$5.00 May Be	A Samuel N	rida Depa	k payable rtment of	to State
10.	Filling Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIR	9. Election Carr Trust Fund C	paign Financing ontribution.		\$5.00 May Be Added to Fees	A Samuel N	rida Depa	k payable rtment of	to State
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12. Thereby certify that the information supplied with this filling 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: Katrina Semmons Katrina Simmons 2/19/06 433-8/20