

DOCUMENT # N01000008358

1. Entity Name

CORNERSTONE ABUNDANT LIFE CHURCH, INC.



Principal Place of Business

Mailing Address

813 W. CHASE ST  
PENSACOLA FL 32501

PO BOX 2102  
PENSACOLA FL 32513-2102  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3758874

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMMONS, TERRY G SR.  
664 BERKLEY DR.  
PENSACOLA FL 32503

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  
Due By May 1, 2007

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

TITLE PD  
NAME SIMMONS, TERRY G SR.  
STREET ADDRESS 664 BERKLEY DR.  
CITY-STATE-ZIP PENSACOLA FL 32503 ☐ Delete

TITLE EVDT  
NAME SIMMONS, KATRINA D  
STREET ADDRESS 664 BERKLEY DRIVE  
CITY-STATE-ZIP PENSACOLA FL 32503 ☐ Delete

TITLE SD  
NAME THOMAS, THEARTHUR T  
STREET ADDRESS 4504 DEAUVILLE WAY  
CITY-STATE-ZIP PENSACOLA FL 32505 ☐ Delete

TITLE TD  
NAME LINDSEY, THERESA  
STREET ADDRESS 204 FAIRFAX DR  
CITY-STATE-ZIP PENSACOLA FL 32503 ☐ Delete

TITLE O  
NAME MIMS, IKE  
STREET ADDRESS 7828 CERVIN DR  
CITY-STATE-ZIP AMARILLO TX 79121-1206 ☐ Delete

TITLE D  
NAME LINDSEY, RICHARD D SR  
STREET ADDRESS 204 FAIRFAX DRIVE  
CITY-STATE-ZIP PENSACOLA FL 32503 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition  
U00000687280  
04/10/07-80033-020 61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Simmons Katrina Simmons

3/29/07 830-433-8120