2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N01000008358

Entity Name: CORNERSTONE ABUNDANT LIFE CHURCH, INC.

Current Principal Place of Business:

813 W. CHASE ST
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

PO BOX 2102
PENSACOLA, FL 325132102 US

New Mailing Address:

FEI Number: 59-3758874 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SIMMONS, TERRY G SR.	
Address:	664 BERKLEY DR.	
City-St-Zip:	PENSACOLA, FL 32503 US	
Title:	EVDT	( ) Delete
Name:	SIMMONS, KATRINA D	
Address:	664 BERKLEY DRIVE	
City-St-Zip:	PENSACOLA, FL 32503 US	
Title:	SD	( ) Delete
Name:	THOMAS, THEARTHUR T	
Address:	4504 DEAUVILLE WAY	
City-St-Zip:	PENSACOLA, FL 32505	
Title:	TD	( ) Delete
Name:	LINDSEY, THERESA	
Address:	204 FAIRFAX DR	
City-St-Zip:	PENSACOLA, FL 32503 US	
Title:	O	( ) Delete
Name:	MIMS, IKE	
Address:	7828 CERVIN DR	
City-St-Zip:	AMARILLO, TX 791211206 US	
Title:	D	( ) Delete
Name:	LINDSEY, RICHARD D SR	
Address:	204 FAIRFAX DRIVE	
City-St-Zip:	PENSACOLA, FL 32503 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	
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: KATRINA SIMMONS EVDT 01/16/2009

Electronic Signature of Signing Officer or Director — Date