

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001951

FILED
Apr 22, 2008
Secretary of State

Entity Name: CORNERSTONE FAMILY FELLOWSHIP, INC.

Current Principal Place of Business:

122 AIRPORT ROAD
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

122 AIRPORT ROAD
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 86-1050720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALDRIDGE, GREG
2427 PELICAN BAY COURT
PANAMA CITY BEACH, FL 32408 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: ALDRIDGE, GREG
Address: P.O. BOX 27583
City-St-Zip: PANAMA CITY BEACH, FL 32411

Title: VD () Delete
Name: EDWARDS, STAN
Address: 543 SPRING CREEK LANE
City-St-Zip: LEBANON, TN 37090

Title: D () Delete
Name: ALDRIDGE, LECIA
Address: P.O. BOX 27583
City-St-Zip: PANAMA CITY BEACH, FL 32411

Title: STD () Delete
Name: WESTERMEYER, GREG
Address: 905 W 26TH STREET APT. 38
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: DUKE, WILL
Address: 733 CRESTLINE DRIVE
City-St-Zip: XENIA, OH 45385

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: ANDERSON, EDWIN
Address: HWY 92
City-St-Zip: HIGH SPRINGS, FL

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: GREG ALDRIDGE

PRES

04/22/2008

Electronic Signature of Signing Officer or Director

Date