2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Jun 04, 2008 8:00 am Secretary of State DOCUMENT # N38633 1. Entity Name 06-04-2008 90004 043 ****70.00 THE CORNERSTONE MINISTRIES OF HILLIARD, INC. Principal Place of Business Mailing Address 551450 N. KINGS ROAD HILLIARD FL 32046 P.O. BOX 1167 HILLIARD FL 32046 2. Principal Place of Business - No P.O. Boy# Suite, Apt. #, etc 2nd MOORE CR2E037 (4/08) City & State 4. FEI Number Applied For 59-3028140 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered 7. Name and Address of New Registered Agent PENDARVIS, BARBARA N 44038 DALE'S PLACE Not Acceptable) CALLAHAN FL 32011 O 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. 5-25= 88 SIGNATURE NOTE. Registered Agont signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By September 3, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TDVP TITLE TITLE ☐ Addition Delete BAGBY, ARDYTHE W NAME NAME STREET ADDRESS 3736 WADE DR STREET ADDRESS CITY-ST-ZIP HILLARD FL 32046 CITY-ST-ZIP TREA ☐ Delete TITLE ☐ Change Addition PENDARVIS, BARBARA N NAME NAME STREET ADDRESS 44038 DALES PLACE STREET ADDRESS CALLAHAN FL 32011 CITY-ST-ZIP CITY-ST-ZIP RM TITLE ☐ Delete TITLE Change ■ Addition HERRING, WILLIAM D NAME NAME STREET ADDRESS 37204 WEST 3 RD STREET STREET ADDRESS HILLIARD FL 32046 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME BATTON, MARVIN E NAME STREET ADDRESS 371871 HENRY SMITH RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P CALLAHAN FL 32046 TITLE TITLE ☐ Delete Change ☐ Addition JOHNSON, JACKIE NAME NAME 37331 CODY CIRCLE STREET ADDRESS STREET ADDRESS HILLIARD FL 32046 CITY-ST-ZIP CITY-S1-ZIP PD TITLE ☐ Delete TITLE Change ☐ Addition TALLMAN, RANDY NAME 2776 DALES PLACE STREET ADDRESS STREET ADDRESS CALLAHAN FL 32011 CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 attacture it with an approximate the supplemental report is true and accurate and that my name appears in Block 10 or Block 11 if changed, or on an attacture it with an approximate the supplemental report is true and accurate and that my name appears in Block 10 or Block 11 if changed, or on an attacture it with an approximate the supplemental report is true and accurate and that my name appears in Block 10 or Block 11 if changed, or on an attacture it with an approximate the supplemental report is true and accurate and that my name appears in Block 10 or Block 11 if changed, or on an attacture it with an approximate the supplemental report is true and accurate and that my name appears in Block 10 or Block 11 if changed, or on an attacture it with an approximate the supplemental report is true and accurate and that my name appears in Block 10 or Block 11 if changed it with a supplemental report is true and accurate and that my name appears in Block 10 or Block 11 if the supplemental report is true and accurate and that my name appears in Block 10 or Block 11 if the supplemental report is true and accurate and and accurate

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