

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 08, 2004
Secretary of State**

DOCUMENT# N98000000116

Entity Name: CORNERSTONE MINISTRIES IPHC, INC.

Current Principal Place of Business:

824 SHADEVILLE HWY
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

P O BOX 372
CRAWFORDVILLE, FL 32326

New Mailing Address:

FEI Number: 59-3568679 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVER, RALPH E
131 CARMEL LANE
CRAWFORDVILLE, FL 32327 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: D () Delete
Name: COLEMAN, DIANN
Address: 95 COLEMAN RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: MOSLEY, JOE
Address: 2833 NATURAL BRIDGE RD
City-St-Zip: TALLAHASSEE, FL 32311

Title: VPD () Delete
Name: MOORE, RONALD
Address: 196 FOX RUN CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MOSLEY, SR., JOE
Address: 2833 NATURAL BRIDGE RD
City-St-Zip: TALLAHASSEE, FL 32305

Title: VPD (X) Change () Addition
Name: MOORE, JR., RONALD
Address: 196 FOX RUN CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: PRES () Change (X) Addition
Name: OLIVER, RALPH E
Address: 131 CARMEL LANE
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PASTOR RALPH E. OLIVER

PRES

03/08/2004

Electronic Signature of Signing Officer or Director

Date