

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000116

FILED  
Mar 02, 2006  
Secretary of State

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:**

CARLSON, JAMES N  
P. O. BOX 372  
CRAWFORDVILLE, FL 32326      US

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: JAMES N CARLSON      03/02/2006  
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, SR., JOE  
Address: 2833 NATURAL BRIDGE RD  
City-St-Zip: TALLAHASSEE, FL 32305

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: PRES      (X) Change ( ) Addition  
Name: CARLSON, JAMES N  
Address: POST OFFICE BOX 372  
City-St-Zip: CRAWFORDVILLE, FL 32326

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES N. CARLSON      MR      03/02/2006  
Electronic Signature of Signing Officer or Director      Date