


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90023 050 ****61.25

DOCUMENT # N98000000116					
1. Entity Name CORNERSTONE MINISTRIES WAKULLA, INC.					
Principal Place of Business 824 SHADEVILLE HWY CRAWFORDVILLE, FL 32327		Mailing Address P O BOX 372 CRAWFORDVILLE, FL 32326			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3568679	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLIVER, RALPH E 131 CARMEL LANE CRAWFORDVILLE, FL 32327			7. Name and Address of New Registered Agent Name: <i>Michzel A. McCuen</i> Street Address (P.O. Box Number is Not Acceptable): <i>34 Marie Cir</i> City: <i>Crawfordville</i> FL Zip Code: <i>32327</i>		
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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<i>Sec. Hayward L Miller</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, DIANN		NAME	<i>500 E. 19th</i>	
STREET ADDRESS	95 COLEMAN RD		STREET ADDRESS	<i>Pensacola City FL 32405</i>	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<i>Vice-Pres. Clifton Smith</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSLEY, SR., JOE		NAME	<i>7 W. Main St Ste 300</i>	
STREET ADDRESS	2833 NATURAL BRIDGE RD		STREET ADDRESS	<i>Apopka FL 32703</i>	
CITY-ST-ZIP	TALLAHASSEE, FL 32305		CITY-ST-ZIP		
TITLE	PRES	<input type="checkbox"/> Delete	TITLE	<i>Pres. Michzel A. McCuen</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, RALPH E		NAME	<i>34 Marie Cir</i>	
STREET ADDRESS	POST OFFICE BOX 372		STREET ADDRESS	<i>Crawfordville, FL 32327</i>	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32326		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 attachment with an address with all other like empowered.					
SIGNATURE: <i>Michzel A. McCuen</i>			Date: <i>4/16/08</i> Daytime Phone #: <i>850-926-8614</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		