

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000000116

**FILED**  
**Oct 09, 2009**  
**Secretary of State**

**Entity Name:** CORNERSTONE MINISTRIES WAKULLA, 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:**

824 SHADEVILLE HIGHWAY  
CRAWFORDVILLE, FL 32327

**FEI Number:** 59-3568679      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MCCUEN, MICHAEL A  
34 MARIE CIR  
CRAWFORDVILLE, FL 32327      US

**Name and Address of New Registered Agent:**

LANIER, FREDERICK J  
65 WILL ROAD  
CRAWFORDVILLE, FL 32327      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: FREDERICK LANIER

10/09/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S      ( ) Delete  
Name: MILLER, HAYWARD  
Address: 500 E. 19ST.  
City-St-Zip: PANAMA CITY, FL 32405

Title: VP      ( ) Delete  
Name: SMITH, CLIFTON  
Address: 7 W. MAIN ST. STE 300  
City-St-Zip: APOPKA, FL 32703

Title: P      ( ) Delete  
Name: MCCUEN, MICHAEL  
Address: 34 MARIE CIR  
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:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CLIFTON SMITH

VP

10/09/2009

Electronic Signature of Signing Officer or Director

Date