

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