

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90059 024 ***150.00

0692473

DOCUMENT # P98000009815

1. Entity Name
CORNERSTONE CHRISTIAN COUNSELING, INC.

Principal Place of Business
2206 SE 3RD AVE
OCALA FL 34471
US

Mailing Address
8240 SE 21ST AVE
OCALA FL 34480
US

520626



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3493553**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLINS, PATRICIA F
8240 SE 21ST AVE
OCALA FL 34480

Name *Stewart, Patricia F*
 Street Address (P.O. Box Number is Not Acceptable)
8240 SE 21st AV
 City *Ocala* FL Zip Code *34480*

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST COLLINS, PATRICIA F 8240 SE 21ST AVE OCALA FL 34480	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Stewart, Patricia F 8240 SE 21st AV Ocala, FL 34480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia F. Stewart* Date: *3-21-01* Daytime Phone #: *352-622-5058*

CR2E034 (10/00)

760-016
 0978
 5300

Department of Health - Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
 TYPE IN UPPER CASE
 USE BLACK INK
 This license not valid unless seal of Clerk,
 Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

DAVID R. ELLSPERMANN, CLERK OF CIRCUIT COURT
 FILE: 1999-119187
 DATE: 12/29/99 16:29
 OR BOOK/PAGE: 2737/1563
 MARION COUNTY

991933
 (APPLICATION NUMBER)

APPLICATION TO MARRY			
1. GROOM'S NAME (First, Middle, Last) JAMES DOUGLAS STEWART		2. DATE OF BIRTH (Month, Day, Year) May 23, 1983	
3a. RESIDENCE - CITY, TOWN, OR LOCATION 4780 NE 23RD AVE. OCALA 34479		3b. COUNTY MARION	3c. STATE FLORIDA
4. BRIDE'S NAME (First, Middle, Last) PATRICIA FLEMING COLLINS		4. BIRTHPLACE (State or Foreign Country) ARIZONA	
5a. RESIDENCE - CITY, TOWN, OR LOCATION 8240 SE 21ST AVE. OCALA 34480		5b. MAIDEN SURNAME (if different) FLEMING	5. DATE OF BIRTH (Month, Day, Year) November 28, 1985
6. COUNTY MARION		6. BIRTHPLACE (State or Foreign Country) FLORIDA	
<p>WE THE APPLICANTS IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE EXISTS, AND WE HEREBY REQUEST THAT YOU AUTHORIZE THE SAME AS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.</p>			
8. SIGNATURE OF GROOM <i>[Signature]</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) December 15, 1999	
11. TITLE OF OFFICIAL Deputy Clerk		12. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>[Signature]</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME (DATE) December 15, 1999	
15. TITLE OF OFFICIAL Deputy Clerk		16. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>	
LICENSE TO MARRY			
<p>AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.</p>			
17. COUNTY ISSUING LICENSE MARION	18. DATE LICENSE ISSUED December 15, 1999	19a. DATE LICENSE EFFECTIVE December 19, 1999	19. EXPIRATION DATE February 18, 2000
20a. SIGNATURE OF COURT CLERK OR JUDGE DAVID R. ELLSPERMANN, CLERK		20b. TITLE CLERK OF CIRCUIT COURT	
<p>20c. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i></p>			
CERTIFICATE OF MARRIAGE			
<p>I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.</p>			
21. DATE OF MARRIAGE (Month, Day, Year) 12-24-99		22. CITY, TOWN OR LOCATION OF MARRIAGE OCALA, FLORIDA	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i>		23c. ADDRESS (of person performing ceremony) 11 NE 31st Ave Ocala, FL 34472	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY JAMES R. Ballach Pastor Ft. Knox, Cal. d.		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	
25. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Use black ink) JAMES R. Ballach Pastor Ft. Knox, Cal. d.		26. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	

SEAL

SEAL

SEAL

CERTIFIED TRUE COPY
DAVID R. ELLSPERMANN
 BY *[Signature]* D.C.