

2001 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3493553

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
COLLINS, PATRICIA F
8240 SE 21ST AVE
OCALA FL 34480 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
Stewart, Patricia F
8240 SE 21st AV
Ocala, FL 34480 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

04-03-2001 90059 024 ***150.00

520626



DO NOT WRITE IN THIS SPACE

0652473

CR2E034 (10/00)

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.

991933
 (APPLICATION NUMBER)

(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

APPLICATION TO MARRY			
1. GROOM'S NAME (First, Middle, Last) JAMES DOUGLAS STEWART		2. DATE OF BIRTH (Month, Day, Year) May 23, 1963	
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		5. MAIDEN SURNAME (if different) FLEMING	
7a. RESIDENCE - CITY, TOWN, OR LOCATION 8240 SE 21ST AVE. OCALA 34480		7b. COUNTY MARION	7c. STATE FLORIDA
6. DATE OF BIRTH (Month, Day, Year) November 28, 1965			
8. BIRTHPLACE (State or Foreign Country) ARIZONA			
9. BIRTHPLACE (State or Foreign Country) FLORIDA			
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 THAT WE HEREBY REQUEST THE CLERK TO AUTHORIZE THE SAME AS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.			
11. 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			
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.			
17. COUNTY ISSUING LICENSE MARION	18. DATE LICENSE ISSUED December 15, 1999	19a. DATE LICENSE EFFECTIVE December 19, 1999	19b. EXPIRATION DATE February 18, 2000
20a. SIGNATURE OF COURT CLERK OR JUDGE DAVID R. ELLSPERMANN, CLERK		20b. TITLE CLERK OF CIRCUIT COURT	
CERTIFICATE OF MARRIAGE			
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.			
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>		23b. ADDRESS (Of person performing ceremony) 1 NE 31ST AVE OCALA, FL 34472	
24. NAME AND TITLE OF PERSON PERFORMING CEREMONY JAMES R. Ballou (Or notary stamp) James R. Ballou Notary Public, State of Florida		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	
26. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>		27. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>	

SEAL

SEAL

SEAL

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