

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90010 011 ***150.00

0535705 AV

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 **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

Patricia F. (Collins) Stewart

3-6-02

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, 2002 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 **DPST** ☐ Delete
 NAME **STEWART, PATRICIA F**
 STREET ADDRESS **8240 SE 21ST AVE**
 CITY-ST-ZIP **OCALA FL 34480** **(Stewart)**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-6-02 (352) 622-5058

CR2E034 (9/01)

ATTACH DO# P980000009815/513740

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. ELLSPERMAN, 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. BIRTHPLACE (State or Foreign Country) ARIZONA		5. MAIDEN SURNAME (if different) FLEMING	
6a. BRIDE'S NAME (First, Middle, Last) PATRICIA FLEMING COLLINS		6b. COUNTY MARION	6c. STATE FLORIDA
7a. RESIDENCE - CITY, TOWN, OR LOCATION 8240 SE 21ST AVE. OCALA 34480		7b. 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 NOW THE ISSUANCE OF A LICENSE TO AUTHORIZES THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.			
9. SIGNATURE OF GROOM (Sign last name using black ink) <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 (Sign black ink) <i>[Signature]</i>	
13. SIGNATURE OF BRIDE (Sign last 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 (Sign black ink) <i>[Signature]</i>	
SEAL			
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	19. EXPIRATION DATE February 18, 2000
20a. SIGNATURE OF COURT CLERK OR JUDGE DAVID R. ELLSPERMAN, CLERK		20b. TITLE CLERK OF CIRCUIT COURT	
SEAL			
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 (Sign black ink) <i>[Signature]</i>		23b. ADDRESS (Of person performing ceremony) 12 NE 31ST AVE OCALA, FL 34472	
24. NAME AND TITLE OF PERSON PERFORMING CEREMONY JAMES R. Bullock		25. SIGNATURE OF WITNESS TO CEREMONY (Sign black ink) <i>[Signature]</i>	
(Or notary stamp) JAMES R. Bullock Notary Public, State of Florida		26. SIGNATURE OF WITNESS TO CEREMONY (Sign black ink) <i>[Signature]</i>	
SEAL			

CERTIFIED A TRUE COPY
DAVID R. ELLSPERMAN

By *[Signature]* S. Scherck B.C.