

2002 UNIFORM BUSINESS REPORT (UBR)

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

0535705 AV

DOCUMENT # **P98000009815**

1. Entity Name

CORNERSTONE CHRISTIAN COUNSELING, INC.

03-19-2002 90010 011 ***150.00

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

4. FEI Number

59-3493553

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 AVE
 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 ^{now} 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 NAME STREET ADDRESS CITY-ST-ZIP	DPST STEWART, PATRICIA F 8240 SE 21ST AVE OCALA FL 34480 <i>(Stewart)</i>	<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
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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 **REGISTERED** 3-6-02 (352) 622-5058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

ATTACH DOC# P980000009815/5/3740

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
5a. BRIDE'S NAME (First, Middle, Last) PATRICIA FLEMING COLLINS		5b. MAIDEN SURNAME (if different) FLEMING	4. BIRTHPLACE (State or Foreign Country) ARIZONA
7a. RESIDENCE - CITY, TOWN, OR LOCATION 8240 SE 21ST AVE. OCALA 34480		7b. COUNTY MARION	7c. STATE FLORIDA
		8. 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 MARRY THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

SEAL	9. 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	18a. 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	20c. STAMP <i>[Signature]</i>	

CERTIFICATE OF MARRIAGE

1. 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) 17 NE 31a Ave Ocala, FL 34422
24. NAME AND TITLE OF PERSON PERFORMING CEREMONY JAMES R. BULLOCK Pastor - Ft. Knox Ch. d.	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>[Signature]</i>

CERTIFIED A TRUE COPY
 DAVID R. ELLSPERMANN

[Signature] b.e.

19991224