## 2002 Uniform Business Report (UBR)

SIGNATURE AND TYPED OF

## Mar 19, 2002 8:00 am § DOCUMENT # P98000009815 **Secretary of State** 1. Entity Name 03-19-2002 90010 011 \*\*\*150.00 CORNERSTONE CHRISTIAN COUNSELING, INC. Principal Place of Business Mailing Address 8240 SE 21ST AVE 2206 SE 3RD AVE OCALA FL 34480 OCALA FL 34471 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3493553 Not Applicable \$8.75 Additional Zip Zip Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COLLINS, PATRICIA F Street Address (P.O. Box Number is Not Acceptable) 8240 SE 21ST AVE OCALA FL 34480 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Change TITLE STEWARD, PATRICIA F (Stewart) NAME STREET ADDRESS STREET ADDRESS 8240 SE 21ST AVE CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34480 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

(9/01)

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK
This Isones not vasid unless seed of Clerk,
Circuit or Courtly Court, appears thereon.

(STATE FILE NUMBER)

DAVID R. ELLSPERHAMN, CLOS OF CHOIR COMP FILE: 1999-119187 DATE: 12/29/99 16:29 OR BOOK/PAGE: 2737/1563 HARION COUNTY

| 1. GROOM'S NAME (PARL ANDS).  JAMES DOUGLAS STEWART  20 REDUCKE, CITY, TOWN ON LOCATION  ARROWS 29 AVE. OCALA 34479  MARION  PATRICIA FLEMING COLLINS  TO REDUCKE, CITY, TOWN ON LOCATION  PATRICIA FLEMING COLLINS  TO REDUCKE, CITY, TOWN ON LOCATION  MARION  PATRICIA FLEMING COLLINS  TO REDUCKE, CITY, TOWN ON LOCATION  MARION  BY AVE. OCALA 34480  WE THE APPLICATION THE PETFORMENT EACH FOR HEASELD ON HERITELY ATTER THAT BECOME AND ENORMY TO THE MARION  ON THE PROPERTY OF THE PETFORMENT EACH FOR HEASELD ON HERITELY ATTER THAT BECOME AND ENORMY TO THE MARIONS  ON THE PROPERTY OF THE PETFORMENT EACH FOR HEASELD ON HERITELY ATTER THAT THE ARROW BECAUSE TO MANNY.  PATRICIA FLEMING COLLINS  TO REDUCKE COLLINS  ON THE PAPLICATION AND LOCATION  AND THE PAPLICATION AND LOCATION  TO SUBSCRIBED AND ENOOM TO BECOME BE ON MARIONS  ON THE PAPLICATION AND LOCATION AND THE PAPLICATION AND ENORMY TO BECOME BE ON MARION.  DEPUTY CIPIT  TO SUBSCRIBE TO MARRY  ANTHORIZATION AND LOCAMES IN PRESENT CORN TO ANY PARTICION AND THE LAWS OF THE STATE OF FLORIDA TO PERFORM AND ANY PARTICION AND THE PAPLICATION AND THE BEATT OF FLORIDA TO PERFORM THE EXPRESSION OF THE STATE OF FLORIDA TO PERFORM THE EXPRESSION AND THE STATE OF FRODE AND PERSON THE EXPRESSION AND THE STATE OF FLORIDA TO PERFORM THE EXPRESSION AND THE STATE OF FLORIDA TO PERFORM THE EXPRESSION AND THE STATE OF FLORIDA TO PERFORM THE EXPRESSION AND THE STATE OF FLORIDA TO PERFORM THE EXPRESSION AND THE STATE OF FORD AND PERSON THE EXPRESSION AND THE STATE OF FORD AND PERSON THE EXPRESSION AND THE STATE OF FORD AND PERSON THE EXPRESSION AND THE STATE OF FLORIDA TO PERFORM THE EXPRESSION AND THE STATE OF FORD AND PERSON THE EXPRESSION AND THE STATE OF FLORIDA TO PERFORMAN AND THE STATE OF FLORIDA TO PERFORMANCE AND THE STATE OF FLORIDA TO PERFORMAN AND THE           |            |  |  |  | TO MARR   | APPLICATIO    |  |  |  |
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B.C.