FILE NOW: FILING FEE IS $61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12232 (7)

1. Corporation Name

CORNERSTONE COMMUNITY CHURCH OF TAMPA, INC.

Principal Place of Business	Mailing Address
15713 MAPLEDALE BLVD TAMPA FL 33624 US	15713 MAPLEDALE BLVD TAMPA FL 33624-1243 US

3. Date Incorporated or Qualified: 11/25/1985
3a. Date of Last Report: 03/07/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-2822563 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BOYER, GREGORY F.
2522 LAKE ELLEN LANE
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	GHIOTTO, JEFFERY R.		1.2 NAME	Chappell , Bruce	
STREET ADDRESS	14610 PINE GLEN CIRCLE		1.3 STREET ADDRESS	7335 Pocahontas Drive	
CITY-ST-ZIP	LUTZ FL		1.4 CITY-ST-ZIP	Tampa FL 33634	
TITLE	VD	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	SHUMP, JIM		2.2 NAME	Fallin , Ricky	
STREET ADDRESS	807 NO CLARK STR		2.3 STREET ADDRESS	4803 Okara Road	
CITY-ST-ZIP	PLANT CITY FL		2.4 CITY-ST-ZIP	Tampa Fl 33617	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, FRANK		3.2 NAME		
STREET ADDRESS	909 ECKLES DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BOYER, GREGG		4.2 NAME		
STREET ADDRESS	2522 LAKE ELLEN LN		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WHATLEY, DON		5.2 NAME		
STREET ADDRESS	21348 HOPSON DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAND O LAKES FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BREAKEY, HAL		6.2 NAME		
STREET ADDRESS	6405 N 12 ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ [illegible] _____ 5/13/1997