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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12232

1. Corporation Name
CORNERSTONE COMMUNITY CHURCH OF TAMPA, INC.

Principal Place of Business	Mailing Address
9315 N FLORIDA AVE TAMPA FL 33612 US	PO BOX 17671 TAMPA FL 33682

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/25/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2822563 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GHIOTTO, JEFFREY R
14610 PINE GLEN CIRCLE
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name: JEFFREY R. GHIOTTO
82 Street Address (P.O. Box Number is Not Acceptable): 17602 Whistling LANE
83
84 City: LUTZ FL 85 Zip Code: 33549

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: JEFFREY R. GHIOTTO — 4/21/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D/P	☑ Change ☐ Addition
NAME	GHIOTTO, JEFFERY R.		1.2 NAME	GHIOTTO, JEFFREY R.	
STREET ADDRESS	14610 PINE GLEN CIRCLE		1.3 STREET ADDRESS	17602 Whistling LANE	
CITY-ST-ZIP	LUTZ FL		1.4 CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STEWART, DAVID		2.2 NAME		
STREET ADDRESS	114 KENWOOD AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL 34275		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FALLIN, RICKY		3.2 NAME		
STREET ADDRESS	4803 OKARA RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33617		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: JEFFREY R. GHIOTTO — 4/21/99 — 813 404 7656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)