

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jun 06, 1996 08:00 AM
Secretary of State

DOCUMENT # **N17443 (5)**
1. Corporation Name
THE CORNERSTONE TELEVISION MINISTRY, INC.



Principal Place of Business: **2310 MARTIN LUTHER KING BLVD. POMPANO BCH. FL 33069 US**
Mailing Address: **2310 MARTIN LUTHER KING BLVD. POMPANO BCH. FL 33069 US**

3. Date Incorporated or Qualified: **10/21/1986**
3a. Date of Last Report: **02/13/1995**
4. FEI Number: **59-2733101**
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

2. Principal Place of Business: **21 3730 Coconut Creek Pkwy**
Suite, Apt. #, etc.: **22 Suite 190**
City & State: **23 Coconut Creek, FL**
Zip: **24 33066** Country: **25 US**
Mailing Address: **26 Cornerstone TV**
Suite, Apt. #, etc.: **27 P.O. Box 935150**
City & State: **28 MARGATE, FL**
Zip: **29 33093** Country: **30 US**

9. Name and Address of Current Registered Agent: **AMANTIA, WILLIAM 2310 MARTIN LUTHER KING BLVD POMPANO BCH. FL 33069**
10. Name and Address of New Registered Agent:
81 Name: **Louis Zimmerman, Treas.**
82 Street Address (P.O. Box Number is Not Acceptable): **3730 Coconut Creek Pkwy**
83 Suite 190
84 City: **Coconut Creek** FL 85 Zip Code: **33066**

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: *Louis Zimmerman, Treas* DATE: **5/29/96**
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	NAME: CASTELLANOS, REV. RICARDO	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2310 MARTIN LUTHER KING BLVD.	CITY-ST-ZIP: POMPANO BEACH FL	1.2 NAME:	
TITLE: VD	NAME: TAVERRITE, GARY	1.3 STREET ADDRESS:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 5121 NE 29TH AVE.	CITY-ST-ZIP: LIGHTHOUSE PT.-FL-	1.4 CITY-ST-ZIP:	
TITLE: T	NAME: AMANTIA, WILLIAM P	2.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 7954 VILLA NOVA DR., N.	CITY-ST-ZIP: BOCA RATON FL	2.2 NAME:	
TITLE: D	NAME: JONES, JANIS	2.3 STREET ADDRESS:	
STREET ADDRESS: 19477 NE 10TH AVE., #504	CITY-ST-ZIP: N. MIAMI BCH. FL	2.4 CITY-ST-ZIP:	
TITLE: SD	NAME: KAYLE, MILDRED	3.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1344 NW 4TH CT	CITY-ST-ZIP: BOCA RATON FL	3.2 NAME:	
TITLE: D	NAME: D'ANGELO, JOSEPH	3.3 STREET ADDRESS:	
STREET ADDRESS: 1123 SW 5TH ST.	CITY-ST-ZIP: BOCA RATON FL	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Louis Zimmerman, Treas* DATE: **4/18/96** (954) 753-8822
Signature typed or printed name of signing officer or director. Daytime Phone #

CR2E037 (12/95)