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**Jul 23 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 # N17443 (5)
1. Corporation Name
THE CORNERSTONE TELEVISION MINISTRY, INC.



Principal Place of Business Mailing Address
**9730 COCONUT CREEK PKWY
STE 190
COCONUT CREEK FL 33068
US** **PO BOX 935150A
MARGATE FL 33093-5150**

3. Date Incorporated or Qualified **10/21/1986** 3a. Date of Last Report **06/06/1996**
4. FEI Number **59-2733101** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**ZIMMERMAN, LOUIS
3730 COCONUT CREEK PKWY
STE 190
COCONUT CREEK FL 33068**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CASTELLANOS, REV. RICARDO	
STREET ADDRESS	2310 MARTIN LUTHER KING BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARREN, WALTER	
STREET ADDRESS	7807 NW 68 TERRACE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ZIMMERMAN, LOUIS	
STREET ADDRESS	9971 NW 39TH CT.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCIARRATTA, MARGARET	
STREET ADDRESS	7521 SW 9 ST	
CITY-ST-ZIP	N LAUDERDALE FL 33068	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KAYLE, MILDRED	
STREET ADDRESS	1344 NW 4TH CT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	D'ANGELO, JOSEPH	
STREET ADDRESS	1123 SW 5TH ST.	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE X	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Zimmerman, Louis
1.3 STREET ADDRESS	9971 NW 39 CT
1.4 CITY-ST-ZIP	Coral Springs FL 33065
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cecile McAlpine
2.3 STREET ADDRESS	9451 NW 40 ST
2.4 CITY-ST-ZIP	Coral Springs FL 33065
3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Vasquez, Tony
3.3 STREET ADDRESS	6161 Country Fair Circle
3.4 CITY-ST-ZIP	Boynton Beach FL 33437
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D'Angelo Doreen
4.3 STREET ADDRESS	1123 SW 5 ST
4.4 CITY-ST-ZIP	Boca Raton FL 33486
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Warren, Dolores
5.3 STREET ADDRESS	7807 NW 68 TERR
5.4 CITY-ST-ZIP	Tamarac FL 33321
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

CR2E037 (9/96)