

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 16 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N17443 (5)**

1. Corporation Name  
**THE CORNERSTONE TELEVISION MINISTRY, INC.**



Principal Place of Business <b>3730 COCONUT CREEK PKWY STE 190 COCONUT CREEK FL 33066 US</b>	Mailing Address <b>PO BOX 935150A MARGATE FL 33093</b>
---	---

3. Date Incorporated or Qualified  
**10/21/1986**

4. FEI Number  
**59-2733101**

Applied For	
Not Applicable	

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

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**ZIMMERMAN, LOUIS  
3730 COCONUT CREEK PKWY  
STE 190  
COCONUT CREEK FL 33066**

10. Name and Address of New Registered Agent

81 Name	<b>ANTHONY G VASQUEZ</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>3730 COCONUT CREEK PKWY</b>
83	<b>SUITE 190</b>
84 City	<b>COCONUT CREEK FL</b>
85 Zip Code	<b>33066</b>

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 *[Signature]* **04-4-98**  
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	<b>V</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ZIMMERMAN, LOUIS</b>	1.2 NAME	
STREET ADDRESS	<b>9971 NW 39 CT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRGS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARREN, WALTER</b>	2.2 NAME	
STREET ADDRESS	<b>7807 NW 68 TERRACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZIMMERMAN, LOUIS</b>	3.2 NAME	<b>ANTHONY G. VASQUEZ</b>
STREET ADDRESS	<b>9971 NW 39TH CT.</b>	3.3 STREET ADDRESS	<b>6161 COUNTRY FAIR CIRCLE</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	3.4 CITY-ST-ZIP	<b>BOYNTON BEACH, FL. 33437</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCALPINE, CECILE</b>	4.2 NAME	
STREET ADDRESS	<b>9451 NW 40 ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRGS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAYLE, MILDRED</b>	5.2 NAME	
STREET ADDRESS	<b>1344 NW 4TH CT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D'ANGELO, JOSEPH</b>	6.2 NAME	
STREET ADDRESS	<b>1123 SW 5TH ST.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	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.

SIGNATURE: *[Signature]* **04-6-98** **970-7766**

CR2E087 (10/97)