

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PH12:21

DOCUMENT # **N37000 (9)**

1. Corporation Name
CORNERSTONE FULL GOSPEL CHURCH INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**7381 DAVIE RD EXT.
DAVIE FL 33024
US** **6204 FLAGLER ST.
HOLLYWOOD, FL 33023**

3. Date Incorporated or Qualified **03/08/1990** 3a. Date of Last Report **03/29/1994**

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

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

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

23 Zip Country 28 Zip Country

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

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRAY, BRUCE E.
6204 FLAGLER STREET
HOLLYWOOD FL 33023**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when non-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PM**
NAME **GRAY, BRUCE E.**
STREET ADDRESS **6204 FLAGLER STREET**
CITY - ST - ZIP **HOLLYWOOD FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **VTD**
NAME **GRAY, PATRICIA**
STREET ADDRESS **6204 FLAGLER STREET**
CITY - ST - ZIP **HOLLYWOOD FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **D**
NAME **EASON, LINDA**
STREET ADDRESS **11137 NW 38 PL**
CITY - ST - ZIP **SUNRISE FL**

3.1 TITLE **D** Change Addition
3.2 NAME **Wilson Cortes**
3.3 STREET ADDRESS **7550 Stirling Rd 106 C**
3.4 CITY - ST - ZIP **DAVIE FL 33021**

TITLE **S**
NAME **ALEXANDER, SHERRY**
STREET ADDRESS **5807 HOOD ST**
CITY - ST - ZIP **HOLLYWOOD, FL**

4.1 TITLE **D** Change Addition
4.2 NAME **Brenda Price**
4.3 STREET ADDRESS **7240 Farraught St.**
4.4 CITY - ST - ZIP **Hwd. FL 33024**

TITLE **T**
NAME **CORTES, BRENDA**
STREET ADDRESS **7550 STIRLING RD 106 C**
CITY - ST - ZIP **DAVIE FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: *Patricia Gray*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/95 305 962-8509
Date (Typed) (Phone #)