

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N37000 (9)**

1. Corporation Name

CORNERSTONE FULL GOSPEL CHURCH INC.



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
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip 25 Country

28 Zip 29 Country 30

4. FEI Number

NOT APPLICABLE

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

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 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

Patricia Gray J.T.D. 3/30/96

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 DELETE
NAME **PM 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 DELETE
NAME **VTD 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 DELETE
NAME **D CORTES, WILSON**
STREET ADDRESS **7550 STIRLING RD #106C**
CITY-ST-ZIP **DAVIE FL**

3.1 TITLE Change Addition
3.2 NAME **Richard D Price, Richard**
3.3 STREET ADDRESS **7240 Farraght st**
3.4 CITY-ST-ZIP **Hwd - FL**

TITLE DELETE
NAME **D PRICE, BRENDA**
STREET ADDRESS **7240 FARRAGHT ST**
CITY-ST-ZIP **HOLLYWOOD, FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE Change Addition
5.2 NAME **Treas. Price, Brenda**
5.3 STREET ADDRESS **7240 Farraght st**
5.4 CITY-ST-ZIP **Hwd, FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under 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:

Patricia Gray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/96 954-981-3838
Date Daytime Phone #
954-981-3839

CR2E037 (12/95)