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Jan 31 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 # N37000 (9)

1. Corporation Name
CORNERSTONE FULL GOSPEL CHURCH INC.



Principal Place of Business: **7381 DAVIE RD EXT. DAVIE FL 33024 US**
 Mailing Address: **6204 FLAGLER ST. HOLLYWOOD. FL 33023-2241**

3. Date Incorporated or Qualified: **03/08/1990**
 3a. Date of Last Report: **04/23/1996**

2. Principal Place of Business 21 501 N. 65 ave Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE Applied For <input checked="" type="checkbox"/> Not Applicable
22 City & State 23 Hwd FL	27 City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 33023 Zip	25 Fla. Country	29 Zip
	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 33023		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent GRAY, BRUCE E. 6204 FLAGLER STREET HOLLYWOOD FL 33023	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
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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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM GRAY, BRUCE E. 6204 FLAGLER STREET HOLLYWOOD FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GRAY, PATRICIA 6204 FLAGLER STREET HOLLYWOOD FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, RICHARD 7240 FARRAGHT ST. HOLLYWOOD FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Richard Price - Richard <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7030 SW 25 ST MIRAMAR FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, BRENDA 7240 FARRAGHT ST HOLLYWOOD FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Price Brenda <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7030 SW 25 ST MIRAMAR FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRICE, BRENDA 7240 FARRAGHT ST. HOLLYWOOD FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	T Price Brenda <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7030 SW 25 ST MIRAMAR FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **PATRICIA GRAY** 954-981-3839
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: **1/27/97** Daytime Phone # **0023573**

CR2E037 (9/96)