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Zip

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

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## OCHMENT # NIQ70

1. Corporation Name  CORNERSTONE FULL GOSPEL CHURCH INC.		
Principal Place of Business	Mailing Address	
501 N. 65 AVE HOLLYWOOD FL 33023 US	6204 FLAGLER ST. HOLLYWOOD. FL 33023	
2. Principal Place of Business	2a. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

**NOT APPLICABLE** Not Applicable 27 \$8.75 Additional City & State~ City & State 5. Certificate of Status Desired Fee Required 28 Country 6. Election Campaign Financing \$5.00 May Be Country Added to Fees 29 30 Trust Fund Contribution 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent

Name Street Address (P.O. Box Number is Not Acceptable) GRAY, BRUCE E. **6204 FLAGLER STREET** HOLLYWOOD FL 33023 -Zip Code 84 City 85

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, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature required when reinstating) DATE	- [
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE	PM DELETE	1.1 TITLE ☐ Change ☐ I	Addition
NAME	GRAY, BRUCE E.	1.2 NAME	
STREET ADDRESS	6204 FLAGLER STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	<b>VTD</b> □ DELETE	2.1 TITLE Change	Addition
NAME	GRAY, PATRICIA	2.2 NAME	
STREET ADDRESS	6204 FLAGLER STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	D DELETE	at the	Addition
NAME .	PRICE, RICHARD	32 NAME LINGS Gray	
STREET ADDRESS	7030 SW 25 ST.	3.3 STREET ADDRESS 6204 Plastar St	
CITY-ST-ZIP	MIRAMAR FL	3.4. CITY-ST-ZIP FTWS F1 33023	
TITLE	D ZOELETE	4.1 TITLE Change	Addition
NAME	PRICE, BRENDA	4.2 NAME V DOG	
STREET ADDRESS	7030 SW 25 ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	4.4 CITY-ST-ZIP	1.140
TITLE	T DOELETE		Addition
NAME	PRICE, BRENDA	52 NAME 52 STREET ANDRESS 1-2 DY Plagle! M	
STREET ADDRESS	7030 SW 25 ST.	ON STREET ADDITION	
CITY-ST-ZIP	MIRAMAR FL	54 CITY-ST-ZIP HWC. P1. 53023	Addition
TITLE	DELETE		Addition
NAME		62 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90063 037 \*\*\*\*61.25

Applied For

3. Date incorporated or Qualifed

03/08/1990 4. FEI Number