

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

APPROVED AND FILED

95 MAY -1 AM 9:47

SECRETARY OF STATE  
TAMMESA, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N41168 (8)**  
1. Corporation Name  
**CORNERSTONE BAPTIST CHURCH OF CITRUS SPRINGS, IN C.**

Principal Place of Business Mailing Address  
P.O. BOX 2692 CITRUS SPRINGS FL 34434 US  
P.O. BOX 2692 CITRUS SPRINGS FL 34434 US

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/30/1990** 3a. Date of Last Report **03/03/1994**

4. FBI Number **59-3042860** 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

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

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

9. Name and Address of Current Registered Agent  
**CALLAHAN, BLACKBURN, JR.  
8330 N. MANUETTA DR.  
CITRUS SPRINGS FL 32630**

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

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 *Blackburn Callahan Jr* DATE **4/27/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D PASTOR</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CALLAHAN, BLACKBURN, JR.</b>	1.2 NAME	
STREET ADDRESS	<b>8330 N. MANUETTA DR.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CITRUS SPRINGS FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D DEACON</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FITZGERALD, MELVIN</b>	2.2 NAME	
STREET ADDRESS	<b>3851 KLETT PATH</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LECANTO FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANCK, PATRICK</b>	3.2 NAME	<b>REMOVE</b>
STREET ADDRESS	<b>3245 N. TALLOW PT.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BEVERLY HILLS FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KUHNS, PAUL</b>	4.2 NAME	<b>REMOVE</b>
STREET ADDRESS	<b>9600 N. MITCHELLE DR.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CITRUS SPGS. FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLIS, EDWIN</b>	5.2 NAME	<b>REMOVE</b>
STREET ADDRESS	<b>7535 W. GLENDALE CT.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DUNNELLON FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D TRUSTEE - TREASURER</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZAWACKI, MICHAEL</b>	6.2 NAME	
STREET ADDRESS	<b>7788 W. TOLLE LN.</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CRYSTAL RIVER FL</b>	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: *Blackburn Callahan Jr* **Blackburn Callahan Jr** DATE: **4/27/95**

1-904-746-5339