FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANN	UAL REPO 1998	ORT (7.7	Secretary of State DIVISION OF CORPORATIONS		Secretary	of State
DOCU 1. Corporation	MENT on Name	# N4195	57 (4)				
CORN	ERS TONE	BAPTIST CHURC	CH, INC.				. Bibli Bibli Bibli Bibli Bibli Bo
Principal Place of Business Mailing Address						1 (001(18) 81) 0108) 11010 (810) 01111 1801 0101	1 41011 01011 01011 61011 01011 1011
2925 CANOE CREEK 2925 CANOE CREEK						3. Date incorporated or Qualified	
ST CLOUD FL	. 34772		ST CLOUD FL 34772			02/05/1991 4. FEI Number	
						59-2906922	Applied For Not Applicable
	Place of Busine	ess	2a. Mailing Address	·····		5. Certificate of Status Desired	\$8.75 Additional
21 Sulte, Apt.	# etc		Suite, Apt. #, etc.				Fee Required
22	. π , σιο.		27			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State			City & State		7. Is this nonprofit corporation a homeowners association?		
Zip	- 1	Country	28	Countr	· · · · · · · · · · · · · · · · · · ·	Yes	-
24	<u> </u>	25		6	,	This corporation owes or has paid the Personal Property Tax due June 30.	Current year Intangible Yes Mo
	9. Name	and Address of Currer				10. Name and Address of New Register	ed Agent
				81	Name		
BLACKWELL, J. NATHAN 2925 CANOE CREEK RD.					Street A	ddress (P.O. Box Number is Not Acceptable)	
ST. CLOUD FL 34772							
					City		85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes					o pamed c	porporation submits this statement for the purpose	of changing Ite registered
office or	registered age	ent, or both, in the State	of Florida, Such change was autorious of Section 617,0503, Etorious of Section 617,0503, Etorious control of the s	thorized b	y the corpo	oration's board of directors. I hereby accept the	appointment as registered
SIGNATURE	1.78	then Hack	Rull J.N	ر ماسلام (12 B	lackwell, Yres.	130/98
12,	Sjunature, typed o	or printed name of registered age	ont and title if applicable (NOTE F	Registered Ag	jeni signalura r	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	01710613784	DELETE	1.1 TITLE		ADDITIONAJO PARALO TO OFFICERO P	Change Addition
NAME	BLACKW	ÆLL, J NATHAN		1.2 NAME			
STREET ADDRESS		INCELLOR CT			T ADDRESS		
CITY-ST-ZIP TITLE	VD VD	JD FL 34769	DELETE	1.4 CITY- 2.1 TITLE	ST-ZIP		Change Addition
NAME	JONES,	GARY		2.2 NAME			
STREET ADDRESS	1825 CH	ERRYWOOD CT		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	ST CLOU	JD FL	T1 briefe	2. 4 CITY	ST - ZIP		Danie Danie
TITLE NAME	SD BLACKW	/ELL, TRISHA	☐ DÉLETE	3.1 TITLE 3.2 NAME			Change Addition
STREET ADDRESS		NCELLOR COURT		1	T ADDRESS		
CITY-ST-ZIP		UD FL 34769		3.4. CITY-	ST-ZIP		
TITUE	TD		☐ DELETE	4.1 TITLE			Change Addition
NAME Street address		OHT, ANNIE LDRED BASS ROAD		4. 2 NAME	T ADDRESS		
CITY-ST-ZIP		JD FL 34772		4.4 CITY -			
TITLE	2, 0100		☐ DELETE	5.1 TITLE			Change Addition
NAME				5.2 NAME	Ì		
STREET ADDRESS				5.3 STREE	T ADDRESS		
CITY-ST-ZIP		·	☐ DELETE	5.4 CITY-	ST-ZIP		☐ Change ☐ Addition
TITLE NAME			רו מנונונ	6.1 TITLE 6.2 NAME			Change Addition
STREET ADDRESS					T ADDRESS		
CITY-ST-ZIP				64 CITY-			

14. 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 on an attachment with an address.

FILED

May 12 1998 8:00am