

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6:00 P.M. OF DISSOLUTION. IMMEDIATE ACTION TO REGULATE IS REQUIRED.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUN 23 AM 9:30

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N93000000679 (1)

1. Corporation Name

THE CORNERSTONE CHURCH OF FORT PIERCE, INC.

Principal Place of Business

Mailing Address

115-A 8TH STREET
 FORT PIERCE FL 34950

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 FORT PIERCE FL 34950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/08/1993** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0487666** 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 **FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAINTIL, KILLICK
 1102 HEMLOCK CIRCLE
 FORT PIERCE FL 34947**

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 617.509, 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 617.5003, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reappointing)

DATE

6/7/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
 NAME **SAINTIL, KILLICK**
 STREET ADDRESS **1102 HEMLOCK CIRCLE**
 CITY - ST - ZIP **FORT PIERCE FL 34947**

1.1 TITLE Change Addition
 1.2 NAME **P.D. Saintil, Killick**
 1.3 STREET ADDRESS **1102 Hemlock Circle**
 1.4 CITY - ST - ZIP **Fort Pierce, FL 34947**

TITLE **D**
 NAME **JEAN, HENRY C LAUDE**
 STREET ADDRESS **2305 ORANGE AVENUE**
 CITY - ST - ZIP **FORT PIERCE FL 34950**

2.1 TITLE Change Addition
 2.2 NAME **J.D. Romene # Saintil, Romene**
 2.3 STREET ADDRESS **1102 Hemlock Circle**
 2.4 CITY - ST - ZIP **Fort Pierce, FL 34947**

TITLE **T**
 NAME **ROMNE, SAINTIL**
 STREET ADDRESS **110 HELLOCK CIRCLE**
 CITY - ST - ZIP **FORT PIERCE FL 34987**

3.1 TITLE Change Addition
 3.2 NAME **Jean Marie Yolene**
 3.3 STREET ADDRESS **1102 Hemlock Circle**
 3.4 CITY - ST - ZIP **Fort Pierce, FL 34947**

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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 119.07(3)(a), 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 affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

6/7/95 (10/1) 89-2507

Date

Daytime Phone #

CR2E037 (3/95)