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95 APR 26 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N41957** (4)

1. Corporation Name

CORNERSTONE BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

2925 CANOE CREEK
ST CLOUD FL 34772

2925 CANOE CREEK
ST CLOUD FL 34772

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/05/1991** 3a. Date of Last Report **04/25/1994**

4. FEI Number **59-2906922** 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

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACKWELL, J. NATHAN
2925 CANOE CREEK RD.
ST. CLOUD FL 34772

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **BLACKWELL, J NATHAN**
STREET ADDRESS **400 CHANCELLOR CT**
CITY - ST - ZIP **ST CLOUD FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP **34769**

TITLE **VD**
NAME **BELL, NORMAN S**
STREET ADDRESS **3103 5TH ST**
CITY - ST - ZIP **ST CLOUD FL**

2.1 TITLE **VD** Change Addition
2.2 NAME **GOINS, MICHAEL**
2.3 STREET ADDRESS **2036 LIVE OAK BLVD.**
2.4 CITY - ST - ZIP **ST. CLOUD, FL 34771**

TITLE **SD**
NAME **BLACKWELL, TRISHA**
STREET ADDRESS **400 CHANCELLOR COURT**
CITY - ST - ZIP **ST. CLOUD FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP **34769**

TITLE **TD**
NAME **PIRE, CAROLINE**
STREET ADDRESS **4370 MILDRED BASS RD**
CITY - ST - ZIP **ST CLOUD FL**

4.1 TITLE **TD** Change Addition
4.2 NAME **BAUKNIGHT, ANNIE**
4.3 STREET ADDRESS **4325 MILDRED BASS RD.**
4.4 CITY - ST - ZIP **ST. CLOUD, FL 34772**

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 **SP15116**
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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J. Nathan Blackwell (J. NATHAN BLACKWELL)

2-7-95

407 892-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

PRESIDENT