

FILE NOW: FILING FEE IS \$61.25

FILED  
May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N41957 (4)**  
1. Corporation Name  
**CORNERSTONE BAPTIST CHURCH, INC.**



Principal Place of Business	Mailing Address
2825 CANOE CREEK ST CLOUD FL 34772	2825 CANOE CREEK ST CLOUD FL 34772-6504

3. Date Incorporated or Qualified <b>02/05/1991</b>	3a. Date of Last Report <b>02/28/1996</b>
4. FEI Number <b>59-2906922</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**BLACKWELL, J. NATHAN  
2825 CANOE CREEK RD.  
ST. CLOUD FL 34772**

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	Zip Code

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 J. Nathan Blackwell, Pres. J. Nathan Blackwell **4-23-97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLACKWELL, J NATHAN	
STREET ADDRESS	400 CHANCELLOR CT	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GOINS, MICHAEL	
STREET ADDRESS	2036 LIVE OAK BLVD	
CITY-ST-ZIP	ST CLOUD FL 34771	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLACKWELL, TRISHA	
STREET ADDRESS	400 CHANCELLOR COURT	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BAUKNIGHT, ANNIE	
STREET ADDRESS	4325 MILDRED BASS ROAD	
CITY-ST-ZIP	ST CLOUD FL 34772	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JD Jones, Gary
2.3 STREET ADDRESS	1825 cherrywood Ct.
2.4 CITY-ST-ZIP	St. Cloud FL 34769-1627
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: J. Nathan Blackwell, Pres. **4/23/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070436

CR2E037 (9/96)