

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 23 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 # 721902 (5)**

1. Corporation Name  
**CORNERSTONE CHURCH OF THE NAZARENE INC.**



Principal Place of Business 10310 LEM TURNER RD JACKSONVILLE FL 32218	Mailing Address 10310 LEM TURNER RD JACKSONVILLE FL 32218
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/19/1971	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1648935	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$6.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

MOODY, GUNTER D  
 4741 ATLANTIC BLVD. SUITE E4  
 10310 LEM TURNER RD  
 JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

81 Name William (Bill) Higgins
82 Street Address (P.O. Box Number is Not Acceptable) 3295 Tinya Ct.
83
84 City Jacksonville
85 Zip Code FL 32218

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 William Higgins William Higgins 7-18-97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	DILLARD, NANCY	
STREET ADDRESS	65 E 61ST ST	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BEAVERS, CARRIE	
STREET ADDRESS	10310 LEM TURNER RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, CALVIN	
STREET ADDRESS	11859 V.C. JOHNSON ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SPENCE, SID	
STREET ADDRESS	14158 LEM TURNER RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WILLIAMS, BETTY	
STREET ADDRESS	10310 LEM TURNER RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	BEAVERS, GREG	
STREET ADDRESS	10310 LEM TURNER RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	

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	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ken Greenwood
2.3 STREET ADDRESS	Rt 2 Box 531-5
2.4 CITY-ST-ZIP	Callahan FL 32011
3.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William Higgins
3.3 STREET ADDRESS	3295 Tinya Ct
3.4 CITY-ST-ZIP	Jacksonville FL 32218
4.1 TITLE	Trustee <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Trustee <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Lorraine Spense
6.3 STREET ADDRESS	14158 Lem Turner Rd
6.4 CITY-ST-ZIP	Jacksonville FL 32218

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 William Higgins 7-11-97 (904) 714-2062

CR2E037 (4/97)