

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # 729830 (0)

1. Corporation Name
 CORNERSTONE ASSEMBLY OF GOD OF JACKSONVILLE, INC



Principal Place of Business
 7541 LEM TURNER RD
 JACKSONVILLE FL 32208
 US

Mailing Address
 P O BOX 28866
 JACKSONVILLE FL 32226-8866
 US

3. Date Incorporated or Qualified 04/24/1974
 3a. Date of Last Report 05/01/1995

2. Principal Place of Business
 21 9767 Ivey Road
 Suite, Apt. #, etc.

2a. Mailing Address
 26 9767 Ivey Road
 Suite, Apt. #, etc.

4. FEI Number 59-1542893
 Applied For Not Applicable

23 JACKSONVILLE FL.
 City & State

28 JACKSONVILLE FL.
 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 32246 25 Duval
 Zip Country

29 32246 30 Duval
 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 WARD, JAMES N.
 2100 DUNN AVENUE
 JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent
 81 Name JAMES N. WARD
 82 Street Address (P.O. Box Number is Not Acceptable) 1134 FROMAGE CIR. W.
 83
 84 City JACKSONVILLE FL 85 Zip Code 32225

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 *James N. Ward* JAMES N. WARD - PRESIDENT 8/03/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	STD GREGORY, HAZEL	<input type="checkbox"/>
NAME	2100 DUNN AVE	
STREET ADDRESS	JACKSONVILLE FL	
CITY-ST-ZIP		
TITLE	VD DUNCAN, IRIS	<input type="checkbox"/>
NAME	10908 WINGATE RD.	
STREET ADDRESS	JACKSONVILLE FL	
CITY-ST-ZIP		
TITLE	VD BROUGHTON, GEORGE KIM	<input type="checkbox"/>
NAME	11615 HARGETT RD.	
STREET ADDRESS	JACKSONVILLE FL	
CITY-ST-ZIP		
TITLE	PD WARD, JAMES N.	<input type="checkbox"/>
NAME	2100 DUNN AVE	
STREET ADDRESS	JACKSONVILLE FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	STD GREGORY, HAZEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	8645 5th Avenue		
1.3 STREET ADDRESS	JACKSONVILLE, FL 32208		
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	PD JAMES N. WARD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	1134 FROMAGE CIR. W.		
4.3 STREET ADDRESS	JACKSONVILLE, FL 32225		
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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)(k), 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: *James N. Ward* JAMES N. WARD 8/3/96 646-5656
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)