FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1996



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

DOCUMENT #

742622

(4)

CORNERSTONE EVANGELISTIC CENTER, INC.

Principal Place of Business Mailing Address							_		I HOOLFI KUUTU BIUHU I IAANA I		BY BYBAY BYBAY BYBAY		HEND BY BY HER	
922 MERCEDES AVE PANAMA CITY FL 32401				922 MERCEDES AVE PANAMA CITY FL 32401										
									3. Date Incorporated or Qu 05/01/1978	alified	3a. Date of L 05/0		,	
Principal Place of Business				2a. Mailing Address 26					4. FEI Number 59-1973089			_	pplied For ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desi	red	1 1		Additional equired	
City & State				Crty & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip 24	——————————————————————————————————————			Zip Coun 9 30					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
9. Name and Address of Current Registered Agent									istered Agent					
						81	N	lame						
CLARK, EZELL 621 E. 8TH STREET PANAMA CITY FL 32401							s	treet Addres	Address (P.O. Box Number is Not Acceptable)					
						83		• • • • • •						
						84		iity			FL 85	•	Code	
or register	rediagent, or	ons of Sections 617. both, in the State of at the obligations of,	Florida, Such	i change was author	rizeo by	e above-r / the corp	nam orat	ed corporati tion's board	on submits this statement for of directors. I hereby accept t	the purpo ne appoin	se of changing tment as registe	its reg ered a	gistered office agent. I am	
SIGNATURE														
	Signature, typed o	or printed name of registered			NOTE: Re		t sign	nature required w	····		DATE			
12. TITLE	PD	OFFICERS	AND DIREC	TORS		13.			ADDITIONS/CHANGES	O OFFICE				
NAME :		E7C(1		Florer		1.1 TITLE					Char	,y c	Addition	
NAME CLARK, EZELL SIREET ADDRESS 621 E 8TH ST					1.2 NAME			incec						
CITY-ST-ZIP PANAMA CITY FL						1.3 STREET ADDRESS 1.4 CITY - ST - ZIP								
TITLE	S	CONTIE		₹]DELETE		21 TITLE	1 - 21	VI	n		⊡ Char	ine	Addition	
NAME	JONES,	IOHN				2 2 NAME		I				g.		
STREET ADORESS									ones, John	A				
CITY-ST-ZIP	BANKANA OPPU PI							/ 1	l4 N. Bonita anama City, F		4.O1			
TITLE	S			DELETE		2 4 CiTY - ! 3 1 Tifle		- P 2	anama olly, r	<u> </u>	Char	ige	Addition	
NAME	MITHCE	LL, CYNTHIA				3.2 NAME					_			
STREET ADORESS				3.33		3.3 STREET	3.3 STREET ADDRESS							
CITY-ST-ZIP	PENSAC	•				3.4 CITY-5	S1 - ZI	IP						
TITLE	D	-	-	DELETE		41 TITLE		T			🔀 Char	ge	Addition	
NAME	CLARK,	ELLEN L				4. 2 NAME		Cla	ark, Ellen L.					
STREET ADDRESS	TREET ADDRESS 884 A CHURCH WAY			438			4 3 STREET ADDRESS 8		A Church Wa	y				
CITY-ST-ZIP	CLARKE	STON GA				4.4 CITY - S	T-ZII	_P Clε	arkeston, GA					
TITLE	D			DELETE		5 1 THILE				-	Chan	ge	Addition	
NAME		, CLEATIE M			į	5 2 NAME								
STREET ADDRESS	724 E 7					5.3 STREET	ADD	iress						
CITY-ST-ZIP	PANAM/	A CITY FL				5 4 CITY-S	1-21	Р	·					
TITLE	D			DELETE		61 TITLE					Char	ge	☐ Addition	
NAME	SMITH,				į	6 2 NAME								
STREET ADDRESS	2505 4T	H ST				6.3 STREET	ADD	IRESS						

CITY-ST-ZIP PANAMA CITY FL

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. GENELLAND.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904.763-9770

FILED

Secretary of State

Jun 19 1996 8:00 am