

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **742622** (4)

1. Corporation Name

CORNERSTONE EVANGELISTIC CENTER, INC.

Principal Place of Business

Mailing Address

**922 MERCEDES AVE
PANAMA CITY FL 32401**

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PANAMA CITY FL 32401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1978

3a. Date of Last Report

06/19/1996

4. FEI Number

59-1973089

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CLARK, EZELL
621 E. 8TH STREET
PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

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	CLARK, EZELL	
STREET ADDRESS	621 E 8TH ST	
CITY-ST-ZIP	PANAMA CITY FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	JONES, JOHN	
STREET ADDRESS	914 N. BONITA AVE.	
CITY-ST-ZIP	PANAMA CITY FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	MITHCELL, CYNTHIA	
STREET ADDRESS	7862 GALAXY CT	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	CLARK, ELLEN L.	
STREET ADDRESS	884 A CHURCH WAY	
CITY-ST-ZIP	CLARKESTON GA	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAUSEY, CLEATIE M	
STREET ADDRESS	724 E 7TH CT	
CITY-ST-ZIP	PANAMA CITY FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, JOHN	
STREET ADDRESS	2505 4TH ST	
CITY-ST-ZIP	PANAMA CITY FL	

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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Thelma Jones
5.3 STREET ADDRESS	914 N. Bonita Ave.
5.4 CITY-ST-ZIP	Panama City, FL

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 **EZELL** SIGNATURE REQUIRED

922 Clark - 8-28-97

CR2E037 (4/97)