


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 767528 (3)			
1. Corporation Name CORNERSTONE WORD CHURCH INC.			
Principal Place of Business 2401 EXECUTIVE PLAZA-BLDG 2 PENSACOLA FL 32504		Mailing Address 2401 EXECUTIVE PLAZA-BLDG 2 PENSACOLA FL 32504-8275	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 P.O. Box 10659	
22 City & State		27 City & State	
23 Zip		28 Pensacola, FL	
24 Country		29 32524	
25 Country		30 Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THOMAS E. PELT 22 SUGARBERRY ROAD PENSACOLA FL 32514		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 re-instating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	PELT, THOMAS E.	1.2 NAME	
STREET ADDRESS	22 SUGARBERRY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	MILLS, JAMES G., JR.	2.2 NAME	
STREET ADDRESS	7757 FOLKSTONE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	SD
NAME		3.2 NAME	PELT, KAREN
STREET ADDRESS		3.3 STREET ADDRESS	22 Sugarberry Rd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Pensacola, FL 32514
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: James G. Mills, Jr.		DATE: 2/17/97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone: 478-3647	



CR2E037 (9/96)