FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

767528

(3)

CORNERSTONE WORD CHURCH INC.

FILED Feb 26 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address	Mailing Address			1 100 th table of the factor of the factor both a factor of the a factor of the angest reserved.
2401-EXECUTIVE-PLAZA-BLDG-2-7 PENSACOLA_EL-83601-		P O BOX 10659 PENSACOLA FL 32524 US			3. Date Incorporated or Qualified 03/11/1983 4. FEI Number Applied For	
						59-2396977 Not Applicable
2. Principal Place of Business 2a. Mailing Address						5. Certificate of Status Desired S8.75 Additional
21 <i>7757</i>		26				Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	├ ─ ` ` ` `			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
City & State	9 1 11	City & State				7. Is this nonprofit corporation a homeowners association?
	SACOLA, FL	28				Yes X No
Zip	Country	Zip	Cou	intry	1	8. This corporation owes or has paid the current year Intangible
24 3251		29	30			Personal Property Tax due June 30. Yes No
 	9. Name and Address of Currer	nt Registered Agent		B1	Name	10. Name and Address of New Registered Agent
TIOMA F DELT						
THOMAS E. PELT 22 SUGARBERRY ROAD				82	Street Addr	ress (P.O. Box Number is Not Acceptable)
	COLA FL 32514			63		
1 6/19/10				84	City	85 Zip Code
					,	FL T
11. Pursuant office or reagent. I as	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the oblig.	12 and 617.1508, Florida Statu- of Florida. Such change was ations of, Section 617.0503, F	utes, the a authorize Iorida Sta	bove d by tutes	3-named corp the corporat 3.	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NC	TE: Registere	d Age	ent signature requir	red when reinstating) DATE
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 T	TLE		Change Addition
NAME	PELT, THOMAS E.		: 1.2 NAME			
STREET ADDRESS	22 SUGARBERRY ROAD				ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	DELETE	1.4 C	_	ST-ZIP	Change Addition
TITLE	TD MILLS IAMES G. ID			AME		
NAME STREET ADDRESS	7757 FOLKSTONE DR.		2.3 STREET A		ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		2. 4 CITY-ST-ZIP		l l	
TITLE				3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 N	3.2 NAME		
STREET ADDRESS			3.3 S	3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	T protes	3.4. CIT		ST-ZIP	Change Addition
TITLE				4.1 TITLE 4.2 NAME		☐ Change ☐ Adoltion
NAME CARCET ADDOCCC					ADDRESS	
STREET ADDRESS				4.3 STREET ADORESS 4.4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE		DELETE				Change Addition
NAME	<u> </u>		5.2 N	5.2 NAME		
STREET ADDRESS	1		5.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP		IT-ZIP	
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 N	AME		
STREET ADDRESS					ADORESS	
CITY-ST-ZIP			6.4 C	ITY-S	ST-ZIP	Design 440 07/0/() Floride Clabular I forther partity that the information

14. Thereby 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.

(850) 983-5200