SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 AM 11:34

DOCUMENT # **N13413** **(2)**

1. Corporation Name

CORNERSTONE ASSEMBLY OF GOD OF SEMINOLE COUNTY, FLORIDA, INC.

Principal Place of Business	Mailing Address
1544 SEMINOLA BLVD #108 CASSELBERRY FL 32707 US	PO BOX 1918 P. O. BOX 1918 LONGWOOD FL 32752 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/13/1986
3a. Date of Last Report: 08/22/1994
4. FEI Number: 59-2624860 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 3706 SANFORD AVE	26 P.O. Box 1918
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SANFORD FL	28 City & State: LONGWOOD FL
24 Zip: 32751 25 County: SEMINOLE	29 Zip: 32752 30 County: SEMINOLE

9. Name and Address of Current Registered Agent

CAIN, JOHN E
305 S EDGEMON AVE
WINTER SPGS FL 32705

10. Name and Address of New Registered Agent

81 Name: RONALD J. CLOUSE
82 Street Address (P.O. Box Number is Not Acceptable): 104 PUTNEY CT
83
84 City: LONGWOOD FL 85 Zip Code: 32779

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: RONALD J CLOUSE CT Ronald J Clouse 6-13-95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	☑ Change ☐ Addition
TITLE	PCD	11 TITLE	CT
NAME	~~CAIN, JOHN EDWARD~~	12 NAME	RONALD J. CLOUSE
STREET ADDRESS	305 S. EDGEMON AVE.	13 STREET ADDRESS	104 PUTNEY CT
CITY-ST-ZIP	WINTER SPRINGS FL	14 CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	VD	21 TITLE	DS
NAME	~~CAIN, BECKY~~	22 NAME	LEDFORD, MARY
STREET ADDRESS	305 S EDGEMON AVE	23 STREET ADDRESS	409 E. HILLCREST ST
CITY-ST-ZIP	WINTER SPGS FL	24 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701
TITLE	SD	31 TITLE	☑ Change ☐ Addition
NAME	~~BASS, JAMES P~~	32 NAME	ROWELL, HELGA
STREET ADDRESS	530 HIBISCUS ROAD	33 STREET ADDRESS	205 CYPRESS CT.
CITY-ST-ZIP	CASSELBERRY FL 32707	34 CITY-ST-ZIP	WINTER SPRINGS 32708
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DAMROM, JAMES	42 NAME	D
STREET ADDRESS	214 HACIENDA VILLAGE	43 STREET ADDRESS	DAMRON, JAMES
CITY-ST-ZIP	WINTER SPRINGS FL 32708	44 CITY-ST-ZIP	214 HACIENDA VILLAGE WINTER SPRINGS FL 32708
TITLE	D	51 TITLE	☑ Change ☐ Addition
NAME	~~HENDERSON, DAVID~~	52 NAME	FARINA, TED
STREET ADDRESS	199 HILL ST	53 STREET ADDRESS	609 E. OAKHURST ST.
CITY-ST-ZIP	CASSELBERRY FL	54 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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: RONALD J. CLOUSE Ronald J Clouse 6-13-95 407-786-2535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003914