FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N13413

(2)

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

Principal Place of Business 3706 SANFORD AVE SANFORD FL 32751 US

Mailing Address

PO BOX 1918 104 Pyrchisy CT LONGWOOD FL-92752 32779



•••		00					
						3. Date Incorporated or Qualified 02/13/1986 3a. Date of Last Report 06/19/1995	
	ace of Business	2a. Mailing Address				4. FEI Number Applied For	
21 181	N. COUNTRY Club Rd	26 104 Pyrchlay CT			T	59-2624860 Not Applicat	ole
Suite, Apt. 22	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Pa	
23 LAKE Zip	MARY FC.	LOW TWOOD				Trust Fund Contribution Added to Fees	
₂₄] ፞፞፞፞፞፞፞፞፞ ፟ጟ፞ጟ፞፞፞፞፞፞		^{Zip} 32779	Zip Countr			8. This corporation has liability for intangible tax under s. 199.032,	
27 2 7 1						Florida Statutes Yes PNo	
Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered Agent	
DONALD				81	Name		
RONALD J. CLOUSE 104 PYTCHLEY CT.					Street Add	Idress (P.O. Box Number is Not Acceptable)	_
LUNGW	DOD FL 32779			83			
				84	City	85 Zip Code	_
11. Pursuant t	o the provisions of Sections 617.0502 a	and 617.1508, Florida Statutes	, the abo	JT	amed corpo	oration submits this statement for the purpose of changing its registered offi	ico
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 all a such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am							
SIGNATURE _	, and the same of	or isolog, Horida Bialdies.					
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	Registered	d Agent	t signatura requir	ired when reinstating) DATE	_ j
12. OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\dashv
TITLE	CT			1.1 TITLE		Change Addition	
NAME	CLOUSE, RONALD J		1.2 N	AME			.
STREET ADDRESS	104 PYTCHLEY CT	4		TREET	ADDRESS		
_CITY-ST-ZIP	LONGWOOD FL		1.4 0				
TITLE	DS	DELETE	2.1 TITLE			☐ Change ☐ Addition	\dashv
NAME	LEDFORD, MARY		2.2 NA				
STREET ADDRESS	409 E. HILLCREST ST.		2.3 STRE		ADDRESS		- 1
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		2.40				
TITLE	SD	DELETE			1-211	. Change \(\) Addition	-
NAME	POWELL, HELGA	_	3.2 NA			· L Change L Roution	
STREET ADDRESS	205 CYPRESS CT.			3.3 STREET ADDRESS			
CITY-ST-ZIP	WINTED CODINGS EI			3.4. CITY-ST-ZIP			
TITLE	D	□ DELETE			1-21P	☐ Change ☐ Addition	
NAME	DAMROM, JAMES	-	4. 2 N			☐ Change ☐ Addition	ĺ
STREET ADDRESS	214 HACIENDA VILLAGE				ADDRESS		ļ
CITY-ST-ZIP	MAINTEN ADDITION TO THE TANK						
TITLE	D DELETE			4.4 CITY-ST-ZIP 5.1 TITLE		Cichana Cichana	
NAME	FARINA, TED		5.2 NAME			☐ Change ☐ Addition	
STREET ADDRESS	COO E OAKHIDOT OT			5.3 STREET ADDRESS			- [
CITY-ST-ZIP	ALTAMONTE SPRINGS FL						- 1
TITLE	DELETE		5.4 CITY-ST-ZIP 6.1 TITLE		- 217		
NAME		Thereve	6.2 NA			☐ Change ☐ Addition	
STREET ADDRESS				_	Donese		
CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY-ST-ZIP				
	certify that the Information supplied wit	h this filing is voluntarily fumish	6.4 Cl ned and d	iY-ST- does	not qualify t	for the exemption stated in Section 119.07(3)(k). Florida Statutes, Lighther	_

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Royald J. Clouse Royald J. Clous &

2-7-96 407-786-2335 Date Deytma Phone