

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N15089** (8)
1. Corporation Name
CORNERSTONE FOUNDATION, INC.



Principal Place of Business Mailing Address
C/O BERNARD LEE RUSSELL
400 MAITLAND AVENUE
ALTAMONTE SPRINGS FL 32701
C/O BERNARD LEE RUSSELL
400 MAITLAND AVENUE
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/23/1986	3a. Date of Last Report 01/24/1995
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2834045	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUSSELL, BERNARD LEE
400 MAITLAND AVENUE
ALTAMONTE SPRINGS FL 32701**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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: _____ DATE: _____
Signature is printed on the front of this form and filed with the report. (2001) Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, BERNARD LEE	12 NAME	
STREET ADDRESS	2617 TIERRA CIR	13 STREET ADDRESS	
CITY-STATE-ZIP	WINTER PARK FL	14 CITY-STATE-ZIP	
TITLE	T <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAYTON, DAVID T.	22 NAME	
STREET ADDRESS	2600 MAITLAND CTR #268	23 STREET ADDRESS	
CITY-STATE-ZIP	MAITLAND FL	24 CITY-STATE-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAYTON, DAVID T.	32 NAME	
STREET ADDRESS	2600 MAITLAND CTR #268	33 STREET ADDRESS	
CITY-STATE-ZIP	MAITLAND FL	34 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADER, SHAWN G.	42 NAME	
STREET ADDRESS	215 NORTH EOLA DRIVE	43 STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	44 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNUDSEN	52 NAME	
STREET ADDRESS	460 E. WEBSTER	53 STREET ADDRESS	
CITY-STATE-ZIP	WINTER PARK FL	54 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

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)(k), 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: Bernard Lee Russell 830-8808
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Bernard Lee Russell Date: _____ Daytime Phone: _____

CR2E037 (12/95)