

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 06, 1996 08:00 AM
Secretary of State

DOCUMENT # N17443 (5)
1. Corporation Name
THE CORNERSTONE TELEVISION MINISTRY, INC.

Principal Place of Business

**2310 MARTIN LUTHER KING BLVD.
POMPANO BCH. FL 33069
US**

Mailing Address

**2310 MARTIN LUTHER KING BLVD.
POMPANO BCH. FL 33069
US**



2. Principal Place of Business
21 **3730 Coconut Creek Pkwy**
Suite, Apt. #, etc.
22 **Suite 190**
City & State
23 **Coconut Creek, FL**
Zip
24 **33066** Country
25 **US**
2a. Mailing Address
26 **Cornerstone TV**
Suite, Apt. #, etc.
27 **P.O. Box 935150**
City & State
28 **MARGATE, FL**
Zip
29 **33093** Country
30 **US**

3. Date Incorporated or Qualified
10/21/1986
3a. Date of Last Report
02/13/1995
4. FEI Number
59-2733101
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**
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**AMANTIA, WILLIAM
2310 MARTIN LUTHER KING BLVD
POMPANO BCH. FL 33069**

10. Name and Address of New Registered Agent

81 Name **Louis Zimmerman, Treas.**
82 Street Address (P.O. Box Number is Not Acceptable)
3730 Coconut Creek Pkwy
83 **Suite 190**
84 City **Coconut Creek** FL 85 Zip Code **33066**

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

Louis Zimmerman, Treas.

5/29/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	CASTELLANOS, REV. RICARDO	2310 MARTIN LUTHER KING BLVD.	POMPANO BEACH FL	<input type="checkbox"/>
VD	TAVERRETE, GARY	5121 NE 20TH AVE.	HIGHHOUSE PT. FL	<input checked="" type="checkbox"/>
T	AMANTIA, WILLIAM P	7954 VILLA NOVA DR., N.	BOCA RATON FL	<input checked="" type="checkbox"/>
D	JONES, JANIS	19477 NE 10TH AVE., #504	N. MIAMI BCH. FL	<input checked="" type="checkbox"/>
SD	KAYLE, MILDRED	1344 NW 4TH CT	BOCA RATON FL	<input type="checkbox"/>
D	D'ANGELO, JOSEPH	1123 SW 5TH ST.	BOCA RATON FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	Warren, Walter	7807 NW 68 Terrace	TAMARAC, FL 33321	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	TD	Louis Zimmerman	9971 NW 39 CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS	Coral Springs, FL	33065			
4.1 TITLE	200001854882	-06/07/96--01010--005	***61.25	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	Sciannatta, Margaret	7521 SW 95th	N. Lauderdale, FL 33068	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>

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)(4), 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:

Louis Zimmerman, Treas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

Date

(954) 753-8822

Daytime Phone #

CR2E037 (12/95)