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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N17443 (5)

1. Corporation Name

THE CORNERSTONE TELEVISION MINISTRY, INC.

Principal Place of Business

Mailing Address

3730 COCONUT CREEK PKWY
STE 190
COCONUT CREEK FL 33066
US

PO BOX 905150A
MARGATE FL 33093-5150

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZIMMERMAN, LOUIS
3730 COCONUT CREEK PKWY
STE 190
COCONUT CREEK FL 33066

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

TITLE PD
NAME CASTELLANOS, REV. RICARDO
STREET ADDRESS 2310 MARTIN LUTHER KING BLVD.
CITY-ST-ZIP POMPANO BEACH FL

1.1 TITLE X
1.2 NAME Zimmerman, Louis
1.3 STREET ADDRESS 9971 NW 39 CT
1.4 CITY-ST-ZIP Coral Springs FL 33065

TITLE D
NAME WARREN, WALTER
STREET ADDRESS 7807 NW 68 TERRACE
CITY-ST-ZIP TAMARAC FL 33321

2.1 TITLE
2.2 NAME Cecile McAlpine
2.3 STREET ADDRESS 9451 NW 40 ST
2.4 CITY-ST-ZIP Coral Springs FL 33065

TITLE TD
NAME ZIMMERMAN, LOUIS
STREET ADDRESS 9971 NW 39TH CT.
CITY-ST-ZIP CORAL SPRINGS FL 33065

3.1 TITLE
3.2 NAME Vasquez, Tony
3.3 STREET ADDRESS 6161 Country Fair Circle
3.4 CITY-ST-ZIP Boynton Beach FL 33437

TITLE D
NAME SCIARRATTA, MARGARET
STREET ADDRESS 7521 SW 9 ST
CITY-ST-ZIP N LAUDERDALE FL 33068

4.1 TITLE
4.2 NAME D'Angelo Doreen
4.3 STREET ADDRESS 1123 SW 5 ST
4.4 CITY-ST-ZIP Boca Raton FL 33486

TITLE SD
NAME KAYLE, MILDRED
STREET ADDRESS 1344 NW 4TH CT
CITY-ST-ZIP BOCA RATON FL

5.1 TITLE
5.2 NAME Warren, Dolores
5.3 STREET ADDRESS 7807 NW 68 TERR
5.4 CITY-ST-ZIP Tamarac FL 33321

TITLE D
NAME D'ANGELO, JOSEPH
STREET ADDRESS 1123 SW 5TH ST.
CITY-ST-ZIP BOCA RATON FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby 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.

CR2E037 (9/96)