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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N17443

1. Corporation Name

THE CORNERSTONE TELEVISION MINISTRY, INC.

Principal Place of Business
 3730 COCONUT CREEK PKWY
 STE 190
 COCONUT CREEK FL 33066
 US

Mailing Address
 PO BOX 935150A
 MARGATE FL 33093



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/21/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2733101	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

VASQUEZ, ANTHONY G
 3730 COCONUT CREEK PKWY
 STE 190
 COCONUT CREEK FL 33066

10. Name and Address of New Registered Agent

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

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

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	P
NAME	ZIMMERMAN, LOUIS	1.2 NAME	FR. RICARDO C. CASTELLANUS
STREET ADDRESS	9971 NW 39 CT	1.3 STREET ADDRESS	3730 COCONUT CREEK PKWY STE 190
CITY-STATE-ZIP	CORAL SPRGS FL	1.4 CITY-STATE-ZIP	COCONUT CREEK FL 33066
TITLE	D	2.1 TITLE	
NAME	WARREN, WALTER	2.2 NAME	
STREET ADDRESS	7807 NW 68 TERRACE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMARAC FL 33321	2.4 CITY-STATE-ZIP	
TITLE	T	3.1 TITLE	
NAME	VASQUEZ, ANTHONY G	3.2 NAME	
STREET ADDRESS	6161 COUNTRY FAIR CIR	3.3 STREET ADDRESS	
CITY-STATE-ZIP	BOYNTON BEACH FL 33437	3.4 CITY-STATE-ZIP	
TITLE	D	4.1 TITLE	D
NAME	MCALPINE, CECILE	4.2 NAME	MARY BYMEL
STREET ADDRESS	9451 NW 40 ST	4.3 STREET ADDRESS	2118 NIE 56TH PLACE
CITY-STATE-ZIP	CORAL SPRGS FL	4.4 CITY-STATE-ZIP	FT. LAUDERDALE, FL 33308
TITLE	SD	5.1 TITLE	
NAME	KAYLE, MILDRED	5.2 NAME	
STREET ADDRESS	1344 NW 4TH CT	5.3 STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON FL	5.4 CITY-STATE-ZIP	
TITLE	D	6.1 TITLE	
NAME	D'ANGELO, JOSEPH	6.2 NAME	
STREET ADDRESS	1123 SW 5TH ST.	6.3 STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON FL	6.4 CITY-STATE-ZIP	

14. I 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 affidavit, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

04-20-99

970-7736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)