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Feb 09, 1999 8:00am
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02-09-1999 90010 019 *****61.25

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N25982

1. Corporation Name

CORNERSTONE CHRISTIAN CHURCH, INCORPORATED

Principal Place of Business

9191 ORANGE DRIVE
 DAVIE FL 33328

Mailing Address

3527 GRIFFIN ROAD
 FT. LAUDERDALE FL 33312
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

04/19/1988

22 City & State

27 City & State

4. FEI Number
65-0047370

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AVELLO, JOYCE
3910 S W 56TH CT
FT. LAUDERDALE FL 33312

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** DELETE
 NAME **AVELLO, DOMINICK P.**
 STREET ADDRESS **3910 S W 56TH CT**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **SD** DELETE
 NAME **AVELLO, JOYCE**
 STREET ADDRESS **3910 S W 56TH CT**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **CHAVDA, MAHESH**
 STREET ADDRESS **10401 N COMMUNITY HS RD**
 CITY-ST-ZIP **CHARLOTTE NC 28277**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **D** DELETE
 NAME **GREEN, BENJAMIN F**
 STREET ADDRESS **10151 SW 9TH LANE**
 CITY-ST-ZIP **PEMBROKE PINES FL**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-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 address, with all other like empowered.

SIGNATURE

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dominick Avello President **Dominick Avello**

1/15/99

(954) 894-5200

Date

Daytime Phone #

CR2E037 (11/98)