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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996		Secr DIVISION C	etary of State OF CORPORATION	NS			
DOC 1. Corpo	CUMENT # N	127842	(6)					
CO	RNERSTONE CHRIST	TIAN CENTER OF		MOOD				
POF	RATED	WIN OLIVICITOR	FI-FIERCE,	INCOR		2.18 A. (4.18. 4.18. 4.18. 4.18.		
Principal F	Place of Business	* * . *					HATA HAT BIAH DIAH AHAN	ATTER CONTRACTOR
902 OHK		Mail	ing Address	-		t debuitet bil tibli fbbbi ibili b	1818 (181 8181) B1811 B1811	BIEN BIBN BIBN HER
	ICE FL 34950	90. FT.	2 OHIO AVE. . PIERCE FL 34950					
					3.	Date Incorporated or Qualified	3a. Date of L	
2. Principa	al Place of Business	2a. N	failing Address			08/11/1988		3/1995
21 4/.	31 5. U.S.		g , 100,033		4.	FEI Number 65-0063287	T	Applied For
22 17	11. #, etc. 11. # 4	s	uite, Apt. #, etc.			_ 		Not Applicable
City & S	State	27			5.	Certificate of Status Desired	□ \$8 <u>.</u>	75 Additional
23 FT	PIERCE,	FL 28	ity & State	· · · · · · · · · · · · · · · · · · ·	6.	Election Campaign Financing		ee Required
<u>∠</u> g,,,	Country		0	Country		Trust Fund Contribution	Ad	.00 May Be ided to Fees
24 399		30		30	8.	This corporation has liability for	r Intangible tax under	s. 199 032
	ਬ. Name and Addres	s of Current Register	d Agent	1		i ionua Statutes	l Vec lattic	
CSON	ITOS, IRENE			81 Na	ame	Name and Address of New I	Registered Agent	
	OHIO AVE.			82 St	reet Address (P.C	D. Box Number is Not Acceptat		
	ERCE FL 34950					7. Bux Number is Not Acceptab	ole)	
	_ , _ , , , , , , , , , , , , , , , , ,			83	_			
				84 Cit	у	~ -		
 Pursuan or regist 	nt to the provisions of Sections	s 617.0502 and 617.15	08, Florida Statutes	the above-name	d company		FL 85 2	Zip Code
familiar v	with, and accept the obligatio	ins of, Section 617,0500	inge was authorized 3, Florida Statutes	by the corporation	on's board of dire	orrits this statement for the pur octors. I hereby accept the appo	pose of changing its	registered office
SIGNATURE						The same approximation of the same approxima	sintribile as registere	o agent. I am
12.	Signature, typed or printed name of re	egistered agent and title if applications of the police of	Die. (NOTE	: Registered Agent signal	ture required when reins	itating)	DATE	
TITLE	UP		DELETE	13.	A	DDITIONS/CHANGES TO OFFI	ICERS AND DIRECT	ORS IN 12
NAME	CSONTOS, ALBERT	L.		1.2 NAME			☐ Charge	
STREET ADDRESS	TTO VINO MIL.			1.3 STREET ADDRES	20			1
CITY-ST-ZIP TITLE	FT. PIERCE FL			1.4 City-St-Zip	~			
NAME	JOHN HARRIS		DELETE	2.1 TITLE				1.
STREET ADDRESS							—————	
	FT. PIERCE FL			2.2 NAME			☐ Change	Addition
ui1-21-76	I FIGHTLE M				s		☐ Change	Addition
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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. I further appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Land Typed OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96 464-7481