

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

DOCUMENT # N27842 (6)

1. Corporation Name

CORNERSTONE CHRISTIAN CENTER OF FT. PIERCE, INCORPORATED

Principal Place of Business

902 OHIO AVE.  
FT. PIERCE FL 34950

Mailing Address

902 OHIO AVE.  
FT. PIERCE FL 34950



2. Principal Place of Business

21 4131 S. U.S. 1

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Unit # 4

23 FT PIERCE, FL

24 Zip

25 Country

26 Zip

27 Country

9. Name and Address of Current Registered Agent

CSONTOS, IRENE  
902 OHIO AVE.  
FT. PIERCE FL 34950

3. Date Incorporated or Qualified  
08/11/1988

3a. Date of Last Report  
01/23/1995

4. FEI Number  
65-0063287

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

10. Name and Address of New Registered Agent

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME CSONTOS, ALBERT L.  
STREET ADDRESS 902 OHIO AVE.  
CITY-ST-ZIP FT. PIERCE FL

☐ DELETE

TITLE DS  
NAME JOHN HARRIS  
STREET ADDRESS 1004 S. 8TH STREET  
CITY-ST-ZIP FT. PIERCE FL

☐ DELETE

TITLE DV  
NAME CSONTOS, IRENE  
STREET ADDRESS 902 OHIO AVE.  
CITY-ST-ZIP FT. PIERCE FL

☐ DELETE

TITLE D  
NAME COUDEN, GEORGE  
STREET ADDRESS 317 S. 17TH STREET  
CITY-ST-ZIP FT. PIERCE FL

☐ DELETE

TITLE D  
NAME GRIGGS, JAMES  
STREET ADDRESS 1504 INDIANA AVE, APT B  
CITY-ST-ZIP FT PIERCE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME ☒ Change ☐ Addition

5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

GRIGGS, JAMES  
4570 ELM AVENUE  
FT PIERCE, FL 34982

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)(k), 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: Irene Csontos; Irene Csontos  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96 464-7481

CR2E037 (12/95)