

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N27842 (6)**

1. Corporation Name
CORNERSTONE CHRISTIAN CENTER OF FT. PIERCE, INCORPORATED

Principal Place of Business Mailing Address
902 OHIO AVE. FT. PIERCE FL 34950



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/11/1988	3a. Date of Last Report 01/23/1995
21 4131 S. U.S. 1	26			4. FEI Number 65-0063287	Applied For Not Applicable
22 unit # 4	27			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 FT PIERCE, FL	28			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 34982	25	29	30	8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CSONTOS, IRENE 902 OHIO AVE. FT. PIERCE FL 34950		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	NAME	1.1 TITLE	DATE
	DP CSONTOS, ALBERT L.	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	902 OHIO AVE. FT. PIERCE FL	1.3 STREET ADDRESS	
	FT. PIERCE FL	1.4 CITY-ST-ZIP	
	DS JOHN HARRIS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	1004 S. 8TH STREET FT. PIERCE FL	2.2 NAME	
	FT. PIERCE FL	2.3 STREET ADDRESS	
	DV CSONTOS, IRENE	2.4 CITY-ST-ZIP	
	902 OHIO AVE. FT. PIERCE FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	FT. PIERCE FL	3.2 NAME	
	D COUDEN, GEORGE	3.3 STREET ADDRESS	
	317 S. 17TH STREET FT. PIERCE FL	3.4 CITY-ST-ZIP	
	D GRIGGS, JAMES	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	1504 INDIANA AVE, APT B FT PIERCE FL	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 4-12-96 464-7481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (12/95)