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CORPORATION  
ANNUAL REPORT  
**1995**



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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 27 AM 10:44

**DOCUMENT # N33638 (0)**

1. Corporation Name  
**CORNERSTONE CHRISTIAN CHURCH OF DELTONA, FLORIDA, INC.**

Principal Place of Business Mailing Address  
**2813 HOWLAND BLVD DELTONA FL 32725**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/07/1989</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-3011928</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent  
**TWADDELL, TRACY D  
2813 HOWLAND BLVD  
DELTONA FL 32725**

10. Name and Address of New Registered Agent

81 Name	<b>BRUCE BUDD</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2161 HAINLIN CT.</b>
83	
84 City	<b>DELTONA FL 85 Zip Code 32728</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Bruce Budd* (NOTE: Registered Agent signature required when registering) DATE **3-8-95**

12. OFFICERS AND DIRECTORS	
TITLE	<b>C</b>
NAME	<b>TWADDELL, TRACY D</b>
STREET ADDRESS	<b>2065 SWANSON DR</b>
CITY - ST - ZIP	<b>DELTONA FL</b>
TITLE	<b>D</b>
NAME	<b>EICHEL, BOB</b>
STREET ADDRESS	<b>2326 LAKE HELEN-OSTEEN</b>
CITY - ST - ZIP	<b>DELTONA FL</b>
TITLE	<b>SD</b>
NAME	<b>JENSON, ROBERT</b>
STREET ADDRESS	<b>1785 OASIS AVE</b>
CITY - ST - ZIP	<b>DELTONA FL</b>
TITLE	<b>D</b>
NAME	<b>JOHNSON, JERRY</b>
STREET ADDRESS	<b>2315 FAIRGREN AVENUE</b>
CITY - ST - ZIP	<b>DELONA FL</b>
TITLE	<b>D</b>
NAME	<b>LORENZ, CLYDE</b>
STREET ADDRESS	<b>2707 GRAMERCY DR</b>
CITY - ST - ZIP	<b>DELTONA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>CD</b>
1.2 NAME	<b>TWADDELL, WILLIAM E.</b>
1.3 STREET ADDRESS	<b>411 SEVILLE AVENUE,</b>
1.4 CITY - ST - ZIP	<b>ALTAMONTE SPRINGS, FL 32714</b>
2.1 TITLE	<b>D</b>
2.2 NAME	<b>CARTAGENA, FRED</b>
2.3 STREET ADDRESS	<b>2871 BEDFORD</b>
2.4 CITY - ST - ZIP	<b>DELTONA, FL 32738</b>
3.1 TITLE	<b>D</b>
3.2 NAME	<b>DEAN, RASHFORD</b>
3.3 STREET ADDRESS	<b>2723 HOWLAND BLVD.</b>
3.4 CITY - ST - ZIP	<b>DELTONA, FL 32725</b>
4.1 TITLE	<b>D</b>
4.2 NAME	<b>KOTHERA, THOMAS</b>
4.3 STREET ADDRESS	<b>361 SILVER PINE DRIVE,</b>
4.4 CITY - ST - ZIP	<b>LAKE MARY, FL 32746</b>
5.1 TITLE	<b>D</b>
5.2 NAME	<b>LOVETT, THOMAS</b>
5.3 STREET ADDRESS	<b>2831 IDLEWEISE DR.</b>
5.4 CITY - ST - ZIP	<b>DELTONA, FL 32738</b>
6.1 TITLE	<b>D</b>
6.2 NAME	<b>BUDD, BRUCE</b>
6.3 STREET ADDRESS	<b>2161 HAINLIN CT.</b>
6.4 CITY - ST - ZIP	<b>DELTONA, FL 32725</b>

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)(a), 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: *William E. Twaddell, Chairman* 2/24/95 (407) 788-2475