

**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 # N33638 (0)**  
1. Corporation Name  
**CORNERSTONE CHRISTIAN CHURCH OF DELTONA, FLORIDA, INC.**



Principal Place of Business 2813 HOWLAND BLVD DELTONA FL 32725		Mailing Address 2813 HOWLAND BLVD DELTONA FL 32725		3. Date Incorporated or Qualified <b>08/07/1989</b>	3a. Date of Last Report <b>03/27/1995</b>
21. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-3011928</b>		Applied For Not Applicable	
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	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 <del>BRUCE BUDD</del> 2161 HAINLIN CT. DELTONA FL 32725				10. Name and Address of New Registered Agent			
81. Name <b>JOHN R. PIERCE</b>				82. Street Address (P.O. Box Number is Not Acceptable) <b>2674 HOWLAND BLVD.</b>			
83. City				84. City <b>DELTONA</b>		85. Zip Code <b>FL 32738</b>	

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: *John R. Pierce* **JOHN R. PIERCE, MINISTER** **2-14-96**  
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 <b>CD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>JOHN R. PIERCE CD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>TWADDELL, WILLIAM E.</b>		1.2 NAME <b>2674 HOWLAND BLVD.</b>	
STREET ADDRESS <b>411 SEVILLE AVENUE</b>		1.3 STREET ADDRESS <b>DELTONA, FL. 32738</b>	
CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>MICHAEL SHANNON D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CARTAGENA, FRED</b>		2.2 NAME <b>861 WESTBROOK</b>	
STREET ADDRESS <b>2871 BEDFORD</b>		2.3 STREET ADDRESS <b>DELTONA, FL. 32725</b>	
CITY-ST-ZIP <b>DELTONA FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>JERRY JOHNSON D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DEAN, RASHFORD</b>		3.2 NAME <b>3211 HALLAM</b>	
STREET ADDRESS <b>2723 HOWLAND BLVD.</b>		3.3 STREET ADDRESS <b>DELTONA, FL. 32738</b>	
CITY-ST-ZIP <b>DELTONA FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>CLYDE LORENZ D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KOTHERA, THOMAS</b>		4.2 NAME <b>2107 GRAMERCY DR.</b>	
STREET ADDRESS <b>361 SILVER PINE DRIVE</b>		4.3 STREET ADDRESS <b>DELTONA, FL.</b>	
CITY-ST-ZIP <b>LAKE MARLY FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LOVETT, THOMAS</b>		5.2 NAME	
STREET ADDRESS <b>2831 IDEWISE DR.</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>DELTONA FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BUDD, BRUCE</b>		6.2 NAME	
STREET ADDRESS <b>2161 HAINLIN CT.</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>DELTONA FL</b>		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: *John R. Pierce* **JOHN R. PIERCE** **2-14-96** **904-532-5100**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)