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Mar 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 32725-9620

3. Date Incorporated or Qualified: 08/07/1989  
3a. Date of Last Report: 02/23/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3011928		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
Zip	Country	Zip	Country	<input type="checkbox"/> Yes <input type="checkbox"/> No			
24		29					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PIERCE, JOHN R. 2674 HOWLAND BLVD. DELTONA FL 32738				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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* (Typed name of registered agent and title if applicable)      *John B. Pierce* (NOTE: Registered Agent signature required when reinstating)      1-23-97 (DATE)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TWADDELL, WILLIAM E.		1.2 NAME	Stevens, Richard			
STREET ADDRESS	411 SEVILLE AVENUE		1.3 STREET ADDRESS	3202 Cleviston St			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP	Deltona, FL 32738			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SHANNON, MICHAEL		2.2 NAME	Walter, James			
STREET ADDRESS	861 WESTBROOK		2.3 STREET ADDRESS	3136 Telford Lane			
CITY-ST-ZIP	DELTONA FL		2.4 CITY-ST-ZIP	Deltona, FL 32738			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DEAN, RASHFORD		3.2 NAME	Cartagena, Fred			
STREET ADDRESS	2723 HOWLAND BLVD.		3.3 STREET ADDRESS	2871 Bedford			
CITY-ST-ZIP	DELTONA FL		3.4 CITY-ST-ZIP	Deltona, FL 32725			
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, JERRY		4.2 NAME				
STREET ADDRESS	3211 HALLAM		4.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE MARLY FL		4.4 CITY-ST-ZIP	Deltona, FL 32738			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LORENZ, CLYDE		5.2 NAME				
STREET ADDRESS	2707 GRAMERLY DRIVE		5.3 STREET ADDRESS	2707 Gramercy Dr			
CITY-ST-ZIP	DELTONA FL		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUDD, BRUCE		6.2 NAME				
STREET ADDRESS	2161 HAINLIN CT.		6.3 STREET ADDRESS				
CITY-ST-ZIP	DELTONA FL		6.4 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* (Signature and Typed or Printed Name of Signing Officer or Director)      JOHN R. PIERCE      1-23-97 (Date)      0013622 (Daytime Phone #)

CR2E037 (9/96)