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Jan 31 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 # N37000 (9)

1. Corporation Name

CORNERSTONE FULL GOSPEL CHURCH INC.

Principal Place of Business

7381 DAVIE RD EXT.
DAVIE FL 33024
US

Mailing Address

6204 FLAGLER ST.
HOLLYWOOD. FL 33023-2241



3. Date Incorporated or Qualified
03/08/1990

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

21 501 N. 65 ave
Suite, Apt. #, etc.

22 City & State
Hwd FL

23 Zip
33023

Country

25 Bco.

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 30

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

GRAY, BRUCE E.
6204 FLAGLER STREET
HOLLYWOOD FL 33023

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

12. OFFICERS AND DIRECTORS

TITLE	PM	<input type="checkbox"/> DELETE
NAME	GRAY, BRUCE E.	
STREET ADDRESS	6204 FLAGLER STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	GRAY, PATRICIA	
STREET ADDRESS	6204 FLAGLER STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRICE, RICHARD	
STREET ADDRESS	7240 FARRAGHT ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRICE, BRENDA	
STREET ADDRESS	7240 FARRAGHT ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PRICE, BRENDA	
STREET ADDRESS	7240 FARRAGHT ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Richard Price - Richard
3.3 STREET ADDRESS	7030 SW 25 st
3.4 CITY-ST-ZIP	MIRAMAR FL 33023
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Price Brenda
4.3 STREET ADDRESS	7030 SW 25 st
4.4 CITY-ST-ZIP	MIRAMAR FL 33023
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Price Brenda
5.3 STREET ADDRESS	7030 SW 25 st
5.4 CITY-ST-ZIP	MIRAMAR FL 33023
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA GRAY

1/27/97 954-981-3839

Daytime Phone # 0023573

CR2E037 (9/96)