

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:38

DOCUMENT # N40120 (0)

1. Corporation Name

CORNERSTONE CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business Mailing Address

6987 54TH AVE NO
ST PETERSBURG FL 33709
US

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ST PETERSBURG FL 33709
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/24/1990 3a. Date of Last Report 03/02/1994

4. FEI Number 59-3029187 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Cornerstone Christian Fellowship 26 6987 54th Ave No

22 6987 54th Ave No 27

23 St Petersburg, FLIA 28 St Petersburg FLIA

24 33709 25 U.S.A. 29 33709 30 U.S.A.

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

FAWCETT, F. DAVID
5545 4TH AVE NO
ST PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name FAWCETT, F. DAVID

82 Street Address (P.O. Box Number is Not Acceptable) 5435 70th Way No

83 City St Petersburg

84 City FL 85 Zip Code 33709

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 Frank D. Fawcett DATE 1/23/95

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P.O. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAWCETT, F. DAVID	1.2 NAME	FAWCETT, F. DAVID
STREET ADDRESS	1451 63RD TERR SO.	1.3 STREET ADDRESS	5435 70 th Way No
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St Petersburg FLIA
TITLE	VD	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKS, GEORGE M II	2.2 NAME	Donald McManus
STREET ADDRESS	8536 120TH STR NO	2.3 STREET ADDRESS	1837 86 Ave SW
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	Largo FLIA
TITLE	SD	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAWCETT, MARIAN	3.2 NAME	Gene Train
STREET ADDRESS	1451 63RD TERR SO.	3.3 STREET ADDRESS	4800 Lake Villa Drive
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	CIW. FLIA 34622
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Greg Surprenant
STREET ADDRESS		4.3 STREET ADDRESS	5425 70 th Way No
CITY-ST-ZIP		4.4 CITY-ST-ZIP	St Petersburg FLIA 33709
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank D. Fawcett DATE: 1/23/95

Signature and typed or printed name of signing officer or director

FRANK DAVID FAWCETT

1-813-546-2471