

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 # **N40120 (0)**

1. Corporation Name
CORNERSTONE CHRISTIAN FELLOWSHIP, INC.



Principal Place of Business: **CORNERSTONE CHRISTIAN FELLOWSHIP, 6967 54TH AVE. NO, ST PETERSBURG FL 33709, US**
Mailing Address: **6967 54TH AVE NO, ST PETERSBURG FL 33709, US**

3. Date Incorporated or Qualified: **09/24/1990**
3a. Date of Last Report: **01/30/1995**
4. FEI Number: **59-3029187**
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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent: **FAWCETT, F. DAVID, 5435 70TH WAY NO, ST PETERSBURG FL 33709**
10. Name and Address of New Registered Agent (81) Name (82) Street Address (83) (84) City (85) Zip Code **FL**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAWCETT, F. DAVID	12 NAME	
STREET ADDRESS	5435 70TH WAY NO	13 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	14 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMANUS, DONALD	22 NAME	
STREET ADDRESS	1837 8TH AVE S.W.	23 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	24 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAWCETT, MARIAN	32 NAME	
STREET ADDRESS	1451 63RD TERR SO.	33 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	34 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SURPRENT, GREG	42 NAME	
STREET ADDRESS	5425 70TH WAY NO	43 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	44 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAIN, GENE	52 NAME	
STREET ADDRESS	4800 LAKE VILLA DRIVE	53 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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: *[Signature]* 1-25-96 813-546-5471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)