

FILE NOW: FILING FEE IS \$61.25

FILED
May 09 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 # **N41957** (4)
1. Corporation Name
CORNERSTONE BAPTIST CHURCH, INC.



Principal Place of Business	Mailing Address
2825 CANOE CREEK ST CLOUD FL 34772	2825 CANOE CREEK ST CLOUD FL 34772-6504

3. Date Incorporated or Qualified 02/05/1991	3a. Date of Last Report 02/28/1996
--	--

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2906922	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
BLACKWELL, J. NATHAN 2825 CANOE CREEK RD. ST. CLOUD FL 34772		B1	Name	
		B2	Street Address (P.O. Box Number is Not Acceptable)	
		B3		
		B4	City	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 J. Nathan Blackwell, Pres. J. Nathan Blackwell 4-23-97
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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKWELL, J NATHAN	1.2 NAME	
STREET ADDRESS	400 CHANCELLOR CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL 34769	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	JD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOINS, MICHAEL	2.2 NAME	Jones, Gary
STREET ADDRESS	2036 LIVE OAK BLVD	2.3 STREET ADDRESS	1825 cherrywood Ct.
CITY-ST-ZIP	ST CLOUD FL 34771	2.4 CITY-ST-ZIP	St. Cloud FL 34769-1627
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKWELL, TRISHA	3.2 NAME	
STREET ADDRESS	400 CHANCELLOR COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL 34769	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUKNIGHT, ANNIE	4.2 NAME	
STREET ADDRESS	4325 MILDRED BASS ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST CLOUD FL 34772	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: J. Nathan Blackwell, Pres. 4/23/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070436

CR2E037 (9/96)