

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 2925 CANOE CREEK ST CLOUD FL 34772  
Mailing Address: 2925 CANOE CREEK ST CLOUD FL 34772

3. Date Incorporated or Qualified: 02/05/1991  
4. FEI Number: 59-2906922  
Applied For: Not Applicable

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)

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. Is this nonprofit corporation a homeowners association? Yes No (checked)  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No (checked)

9. Name and Address of Current Registered Agent  
BLACKWELL, J. NATHAN  
2925 CANOE CREEK RD.  
ST. CLOUD FL 34772

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: *J. Nathan Blackwell* J. Nathan Blackwell, Pres. 4/30/98  
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	PD	<input type="checkbox"/> DELETE
NAME	BLACKWELL, J NATHAN	
STREET ADDRESS	400 CHANCELLOR CT	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JONES, GARY	
STREET ADDRESS	1825 CHERRYWOOD CT	
CITY-ST-ZIP	ST CLOUD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLACKWELL, TRISHA	
STREET ADDRESS	400 CHANCELLOR COURT	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BAUKNIGHT, ANNIE	
STREET ADDRESS	4325 MILDRED BASS ROAD	
CITY-ST-ZIP	ST CLOUD FL 34772	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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* J. Nathan Blackwell 4-30-98 407-892-3300

CR2E037 (10/97)