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Mar 03 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 # N48532 (8)

1. Corporation Name

THE CHIEF CORNERSTONE LOVE OUTREACH CENTER, INC.

Principal Place of Business

8127 VILLAGE GREEN ROAD  
ORLANDO FL 32818

Mailing Address

8127 VILLAGE GREEN ROAD  
ORLANDO FL 32818-5623



3. Date Incorporated or Qualified  
04/22/1992

3a. Date of Last Report  
02/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number  
59-3119514

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. 189.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHANEY, WILBUR V.  
506 NORTH EAST 5TH AVENUE  
DELRAY BEACH FL 33483

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME JAMES, CLORETHA  
STREET ADDRESS 8127 VILLAGE GREEN RD.  
CITY-ST-ZIP ORLANDO FL

DELETE

TITLE VD  
NAME JAMES, NORMAN J. SR.  
STREET ADDRESS 8127 VILLAGE GREEN RD.  
CITY-ST-ZIP ORLANDO FL

DELETE

TITLE TD  
NAME BELL, WILLIE M  
STREET ADDRESS 5036 WEST WASHINGTON STREET  
CITY-ST-ZIP ORLANDO FL

DELETE

TITLE SD  
NAME BOYD, DELORES  
STREET ADDRESS 1218 WOODMAN WAY  
CITY-ST-ZIP ORLANDO FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

SIGNATURE:

Clorella James  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97 (407)578-1244  
Date Daytime Phone # 0017372

CR2E037 (9/96)