

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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		3. Date Incorporated or Qualified 04/22/1992	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3119514	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CHANEY, WILBUR V. 508 NORTH EAST 5TH AVENUE DELRAY BEACH FL 33483				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD JAMES, CLORETHA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8127 VILLAGE GREEN RD. ORLANDO FL	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD JAMES, NORMAN J. SR.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8127 VILLAGE GREEN RD. ORLANDO FL	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD BELL, WILLIE M	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5038 WEST WASHINGTON STREET ORLANDO FL	3.2 NAME	BELL Willie M
STREET ADDRESS		3.3 STREET ADDRESS	4503 LAKE MARTIN LN APT #E ORLANDO FL 32808
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD BOYD, DELORES	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1218 WOODMAN WAY ORLANDO FL	4.2 NAME	Boyd Delores
STREET ADDRESS		4.3 STREET ADDRESS	4503 LANDING DR APT A ORLANDO FL 32808
CITY-ST-ZIP		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 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: Cloretta James Cloretta James 2/9/98 407-578-1244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0017 000

CFR2037 (10/97)