

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morgan
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB - 1 PM 1: 52

DOCUMENT # N93000001284 (9)

1. Corporation Name

CORNERSTONE THEOLOGICAL UNIVERSITY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1015 ATLANTIC BLVD. STE 291
JACKSONVILLE FL 32233
US

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JACKSONVILLE FL 32233
US

3. Date Incorporated or Qualified

03/16/1993

3a. Date of Last Report

02/22/1994

4. FEI Number

59-3174354

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OPDYKE, DOUGLAS
791 ASSISI LANE #1509
ATLANTIC BEACH FL 32233

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

D. B. Opdyke
Signature, typed or printed name of registered agent and title if applicable.

DOUGLAS B. OPDYKE
(NOTE: Registered Agent signature required when registering)

95 JAN 26

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD
NAME BRIGGS, DANIEL A
STREET ADDRESS RR1, BOX 100
CITY- ST- ZIP N WHITEFIELD ME

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

Change Addition

TITLE VD
NAME OLIVER, ALSTON
STREET ADDRESS BENNOCH RD
CITY- ST- ZIP OLD TOWN ME

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

Change Addition

TITLE D
NAME STETSON, PETER
STREET ADDRESS DELANO RD, BOX 1142
CITY- ST- ZIP WOOLWICH ME

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

Change Addition

TITLE D
NAME BRIGGS, SUZANNE
STREET ADDRESS RR1, BOX 100 NA
CITY- ST- ZIP N WHITEFIELD ME

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

Change Addition

TITLE D
NAME OPDYKE, DOUGLAS
STREET ADDRESS 791 ASSISI LN #1509
CITY- ST- ZIP JACKSONVILLE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

Change Addition

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 110.07(3)(h), 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:

Daniel A. Briggs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/95
Date

800-682-7470
Telephone (Area #)