

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000001284 (9)

1. Corporation Name

CORNERSTONE THEOLOGICAL UNIVERSITY, INC.

Principal Place of Business

Mailing Address

1015 ATLANTIC BLVD. STE 291 (SAME)  
JACKSONVILLE, FL 32233  
US

3. Date Incorporated or Qualified  
03/16/1993

3a. Date of Last Report  
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-3174354

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip Country

29 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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 DANIEL BRIGGS  
82 Street Address (P.O. Box Number is Not Acceptable) 899 DELANO AVE.  
83  
84 City PALM BAY FL 85 Zip Code 32907

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

*Daniel Briggs*  
Signature, typed or printed name of registered agent or director, as applicable

Daniel A. Briggs

May 29, 1996

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	BRIGGS, DANIEL A	
STREET ADDRESS	RR1, BOX 100	
CITY-ST-ZIP	N WHITEFIELD, ME	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	OLIVER, ALSTON	
STREET ADDRESS	BENNOCH RD	
CITY-ST-ZIP	OLD TOWN, ME	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STETSON, PETER	
STREET ADDRESS	DELANO RD, BOX 1142	
CITY-ST-ZIP	WOOLWICH, ME	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRIGGS, SUZANNE	
STREET ADDRESS	RR1, BOX 100 NA	
CITY-ST-ZIP	N WHITEFIELD, ME	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OPDYKE, DOUGLAS	
STREET ADDRESS	791 ASSISI LN #1509	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRIGGS, DANIEL A	Address
1.3 STREET ADDRESS	899 DELANO AVE	
1.4 CITY-ST-ZIP	PALM BAY, FL	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BRIGGS, SUZANNE	Address
4.3 STREET ADDRESS	899 DELANO AVE	
4.4 CITY-ST-ZIP	PALM BAY, FL	
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	000001858790	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-06/11/96--01157--036	
6.3 STREET ADDRESS	***70.00	
6.4 CITY-ST-ZIP		

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 119.07(3)(k), 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 Briggs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel A. Briggs

May 29, 1996

(407) 729 0477

Daytime Phone #

CR2E037 (12/95)