

FILE NOW: FILING FEE IS \$61.25

FILED
Aug 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000001284 (9)
 1. Corporation Name
CORNERSTONE THEOLOGICAL UNIVERSITY, INC.



Principal Place of Business 1015 ATLANTIC BLVD. STE 291 JACKSONVILLE FL 32233 US	Mailing Address 1015 ATLANTIC BLVD. STE 291 JACKSONVILLE FL 32233-3313 US
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21 2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/16/1993	3a. Date of Last Report 06/11/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3174354	Applied For <input checked="" 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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRIGGS, DANIEL 899 DELANO AVE. PALM BAY FL 32907	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		
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	BRIGGS, DANIEL A	
STREET ADDRESS	899 DELANO AVE.	
CITY-ST-ZIP	PALM BAY FL	
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	899 DELANO AVE	
CITY-ST-ZIP	PALM BAY FL	
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		

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 do 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.

CR2E037 (9/96)