FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Aug 11 1997 8:00am

Secretary of State

1000 julius 1000 julius 1000 julius 11100 julius 11100 julius 11100 julius 1110 julius 1110 julius 1110 julius

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300001284 (9)

CORNERSTONE THEOLOGICAL UNIVERSITY, INC.

							411 ii ii ii ii	<u>(1881 1884 1884 1</u>	8 P
Principal Place of Business Mailing Address						D ARMADAN DIR I DIAM DITTI RATE RESTER M	# 101 4 6 011 4 8	tat ilitin ilahi 1	ONN GERT 1885
1015 ATLANTIC JACKSONVILLE		JACKSONVILLE FL 32233-	1015 ATLANTIC BLVD, STE 291 JACKSONVILLE FL 32233-3313						
US		US				3. Date Incorporated or Qualified 03/16/1993		ate of Last R 06/11/199	
2. Principal P	lace of Business	2a. Mailing Address	 			4. FEI Number Applied For 59-3174354 V Not Applicate			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Cerlificate of Status Desired	\$8.75 Additional Fee Required		
City & State	6	City & State	City & State			Election Campaign Financing Trust Fund Contribution	ng \$5.00 May Be Added to Fees		
Zip	Country 25	Zip 29	p Country			8. This corporation has liability for intangible tay under s. 199.032, Florida Statutes Yes W No			
	9. Name and Address of Cur	rent Registered Agent	11			10. Name and Address of New Re	gistered	Agent	
				81	Name				<u>,</u>
BRIGGS, DANIEL 899 DELANO AVE.				82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
	ANO AVE. AY FL 32907			83					
				84	City		FL	. ` `	Code
11. Pursuant office or r agent. I a	to the provisions of Sectlons 617.1 egistered agent, or both, in the St m familiar with, and accept the ot	0502 and 617.1508, Florida Statu late of Florida. Such change was oligations of, Section 617.0503, F	ites, the at authorized torida Stat	oove d by utes	e-named co the corpor s.	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of ot the app	i changing it ointment as	ts registered registered
SIGNATURE .	Signature, typed or printed name of registered	Francisco filla i anglicatio /NO	TE Penistered	i Ana	al eignelure reg	juired when reinstating)	DATE		
12.		AND DIRECTORS	13.	- Age	in By Richer ou	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	PCD	☐ DELETE	1.1 TO	'LE				Change	Addition
NAME	BRIGGS, DANIEL A		1.2 NAME						-
STREET ADDRESS	899 DELANO AVE.		1.3 STREET A		ADDRESS				
CITY-ST-ZIP	PALM BAY FL								
TITLE	VD VD			1.4 CITY - ST - ZIP 2.1 TITLE				Change	Addition
NAME	OLIVER, ALSTON	- -	2.2 NA		ì				
STREET ADDRESS	BENNOCH RD		2.3 STF		ADDRESS				
CITY-ST-ZIP	OLD TOWN ME			2. 4 CITY-ST-ZIP					
TITLE	D			3.1 TITLE				☐ Change	Addition
NAME			3.2 NA	3.2 NAME					
STREET ADDRESS			3.3 ST	3.3 STREET ADDRESS					
CITY-ST-ZIP	WAS CHALLED		3.4. C	HY-S	ST-ZIP				
TITLE	D	DELETE	4.1 Til					Change	Addition
NAME	BRIGGS, SUZANNE		4. 2 N	AME					
STREET ADDRESS	899 DELANO AVE		4.3 STREE		ADDRESS				,
CITY-ST-ZIP	PALM BAY FL		4.4 CITY		T-ZIP				
TITLE	D	DELETE	5.1 T(1		$ \top$			Change	Addition
NAME	OPDYKE, DOUGLAS		5.2 NA	ME	İ				
STREET ADDRESS	791 ASSISI LN #1509		5.3 ST	5.3 STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL		•	I CITY-ST-ZIP					
TITLE				6.1 TITLE				Change	Addition
NAME (195)			6.2 NA	6.2 NAME					
STREET ADDRESS					ADDRESS				
OHIEL MEDIEGO	. i		0.5 31		, DUILOU				

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.

Control of the second of the s