


FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N93000005453 (6)</b> 1. Corporation Name <b>CORNERSTONE BAPTIST CHURCH OF BROWARD COUNTY, IN C.</b>			
Principal Place of Business <b>8032 W. SAMPLE RD MARGATE FL 33063 US</b>		Mailing Address <b>P.O. BOX 770324 CORAL SPRINGS FL 33077-0324 US</b>	
2. Principal Place of Business 21 <b>3301 Riverside Drive</b> Suite, Apt. #, etc. 22 City & State 23 <b>CORAL SPRINGS FL</b> Zip 24 <b>33065</b> 25 Country		2a. Mailing Address 26 <b>3301 Riverside Drive</b> Suite, Apt. #, etc. 27 City & State 28 <b>CORAL SPRINGS FL</b> Zip 29 <b>33065</b> 30 Country	
3. Date Incorporated or Qualified <b>11/23/1993</b>		3a. Date of Last Report <b>01/26/1996</b>	
4. FEI Number <b>65-0452446</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
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 <b>JOHNSON, BILLY R 9242 NW 13 PLACE CORAL SPRINGS FL 33071</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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) (NON-Registered Agent's signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDT, JOHN 10499 N.W. 3RD PL CORAL SPRINGS FL 33071 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRIEDEL, RON 8815 N.W. 2ND PL CORAL SPRINGS FL 33071 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD IRONS, FRANK 8301 N.W. 38TH STREET CORAL SPRINGS FL 33065 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MECELLO, STEVE 10840 N.W. 24TH ST. CORAL SPRINGS FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NELSON, DAVE 7749 HIGHLANDS CIRCLE MARGATE FL 33063 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)

SIGNATURE: *Atkins J. S. McQueen* President 1/12/97 954 752-7098