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TALLAHASSEE, FLORIDA

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CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # N94000001286 (3)

1. Corporation Name

CORNERSTONE CHURCH, INC.

Principal Place of Business	Mailing Address
6121 ROBBINS CIRCLE NORTH JACKSONVILLE FL 32211	6121 ROBBINS CIRCLE NORTH JACKSONVILLE FL 32211

3. Date Incorporated or Qualified: 03/15/1994
3a. Date of Last Report:
4. FEI Number: 59-3262277 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WALBRIDGE, MARY
6121 ROBBINS CIRCLE NORTH
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

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 Mary Walbridge DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	WALBRIDGE, MARY	1.2 NAME	SAME
STREET ADDRESS	6121 ROBBINS CIRCLE NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE V.D.	☑ Change ☐ Addition
NAME	WESTER, SUSIE	2.2 NAME	WILSON, TRAYMOND
STREET ADDRESS	13236 EUCALYPTUS	2.3 STREET ADDRESS	SUITE 253 V.D.
CITY-ST-ZIP	JACKSONVILLE FL 32211	2.4 CITY-ST-ZIP	3300 HARTLEY RD JACKSONVILLE, FLA 32257
TITLE	SD	3.1 TITLE SD	☑ Change ☐ Addition
NAME	WESTER, ROBERT	3.2 NAME	BURKE JULIE A.
STREET ADDRESS	13236 EUCALYPTUS	3.3 STREET ADDRESS	450 JACKSON RD
CITY-ST-ZIP	JACKSONVILLE FL 32211	3.4 CITY-ST-ZIP	JACKSONVILLE FLA. 32225.
TITLE	TD	4.1 TITLE T.D.	☑ Change ☐ Addition
NAME	EZELL, NEVA	4.2 NAME	SHAIN, JACK W. JR
STREET ADDRESS	6121 ROBBINS CIRCLE NORTH	4.3 STREET ADDRESS	225 WATER STREET
CITY-ST-ZIP	JACKSONVILLE FL 32211	4.4 CITY-ST-ZIP	SUITE 1400 JACKSONVILLE, FLA 32202
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	955 2/8/95
CITY-ST-ZIP		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)(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.

SIGNATURE: Mary Walbridge 11/2/95 (904) 721-3217
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0028529