NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400001286

1. Corporation Name

CORNERSTONE CHURCH & SEMINARY, INC.

Principal Place of Business

Mailing Address

106 ESTIA LANE PORT ST. LUCIE FL 34983 106 ESTIA LANE

PORT ST. LUCIE FL 34983

FILED Feb 24, 1999 8:00 am § Secretary of State

02-24-1999 90022 011 ****70.00

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2. Principal Pl	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed				
	Ramie Lin.	26 414 Ramie L	Ramie Lini		03/15/1994				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		Ar	plied For	
22		27			59-3262277		No	t Applicable	
City & State		City & State		,	5. Certificate of Status Desired	(1)	\$8.75 / Fee Re		
23 Port	Country .	28 Port St. Luc	Country	<u> </u>	6 Fleetien Corposine Financine			May Be	
Zip 24 34952			St. hu	cie	Election Campaign Financing Trust Fund Contribution		Added	•	
24 34452	9. Name and Address of Current		31:		10. Name and Address of New R	egistered A			
	o. Haire and Address of Current	rogiocal de Prigoric	81 N	ame A	A.A.				
	A A Phy			17	ary Moore				
MOORE, MARY				82 Street Address (P.O. Box Number is Not Acceptable)					
106 ESTIA LANE				83					
PORT ST. LUCIE FL 34983			1	ort s	T. Lucie		T221		
			84 C	ity		FL	85 34	Code 452	
11 Pureuant	to the provisions of Sections 617.0502	and 617.1508. Florida Statutes.	the above-na	med corpor	ration submits this statement for the	purpose of c	nanging its	registered	
office or re	egistered agent, or both, in the State of	i Florida. Such change was autho	onzed by the	corporation	's board of directors. I hereby accep	t the appoint	ment as re	gistered	
agent. I a	m familiar with, and accept the obligation		i Statutes.			1/10	109	}	
SIGNATURE	Signature, typed or pighted name of registered agent a		gistered Agent sign	nature required v	when reinstating)	DATE	7.1		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	PD			Change	Addition	
NAME	MOORE, MARY		1.2 NAME	Ma	ny Moore. 14 Ramie Ln.				
STREET ADDRESS	106 ESTIA LANE		1.3 STREET ADD	RESS 6				ŀ	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983		1.4 CITY-ST-ZIP	Pa	int St. Lucie, Fl	349	52		
TITLE	SD	☐ DELETE	2.1 TITLE				Change	☐ Addition	
NAME	ANDERSON, JERRIE RENE'E		2.2 NAME						
STREET ADDRESS	106 ESTIA LANE		2.3 STREET ADD	DRESS					
CITY-ST-ZIP	PORT ST. LUCIE FL 34983		2. 4 CITY-ST-ZIF	Р					
TITLE	SD	☐ DELETE	3.1 TITLE	5 D			Change	☐ Addition	
NAME	SANDILLI. KAREN		3.2 NAME	Via	ola Brunson			İ	
STREET ADDRESS	106 ESTIA LANE		3.3 STREET ADD	DRESS 144	2 citrus Ave.		144		
CITY-ST-ZIP	PORT ST. LUCIE FL 34983		3.4. CITY-ST-ZIF	P 1	. Pierce, FL 349 5	50			
TITLE	TD	☐ DELETE	4.1 TITLE				☐ Change	Addition	
NAME	SHAW, JACK		4. 2 NAME						
STREET ADDRESS	12 WATER STREET		4.3 STREET ADO	ORESS					
CITY-ST-ZIP	JACKSONVILLE FL 32202		4.4 CITY-ST-ZIP	,					
TITLE	÷.	☐ DELETE	5.1 TITLE	-			☐ Change	☐ Addition	
NAME .	•		5.2 NAME		•	,			
STREET ADDRESS			5.3 STREET ADD	PRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP	,					
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition	
NAME			6.2 NAME	}				į	
STREET ADDRESS			6.3 STREET ADD	ORESS				Ī	
				. 1				1	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED