FILE NOW: FILING FEE IS $61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90022 011 ****70.00

0075054

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000001286**

1. Corporation Name
CORNERSTONE CHURCH & SEMINARY, INC.

* 105928 - 90022 - 11 8 5 9 2 8 *

Principal Place of Business	Mailing Address
106 ESTIA LANE PORT ST. LUCIE FL 34983	106 ESTIA LANE PORT ST. LUCIE FL 34983

2. Principal Place of Business 21 614 Ramie Ln. 22 Suite, Apt. #, etc. 23 City & State: Port St. Lucie, FL 24 Zip: 34952 25 Country: St. Lucie	2a. Mailing Address 26 614 Ramie Ln. 27 Suite, Apt. #, etc. 28 City & State: Port St. Lucie, FL 29 Zip: 34952 30 Country: St. Lucie	3. Date Incorporated or Qualifed: 03/15/1994 4. FEI Number: 59-3262277 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☑ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MOORE, MARY 106 ESTIA LANE PORT ST. LUCIE FL 34983	81 Name: Mary Moore 82 Street Address (P.O. Box Number is Not Acceptable): 614 Ramie Ln. 83 Port St. Lucie 84 City: FL 85 Zip Code: 34952

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: Mary Moore — 1/10/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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	PD MOORE, MARY 106 ESTIA LANE PORT ST. LUCIE FL 34983	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Mary Moore 614 Ramie Ln. Port St. Lucie, FL 34952	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ANDERSON, JERRIE RENE'E 106 ESTIA LANE PORT ST. LUCIE FL 34983	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SANDILLI, KAREN 106 ESTIA LANE PORT ST. LUCIE FL 34983	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD Viola Brunson 1402 Citrus Ave. Ft. Pierce, FL 34950	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SHAW, JACK 12 WATER STREET JACKSONVILLE FL 32202	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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 Mary Moore 1/11/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #