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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N94000003772

1. Corporation Name

CORNERSTONE CHRISTIAN CENTER OF CLEARWATER, INC.

Principal Place of Business

27900 US 19 N
CLEARWATER FL 33761
US

Mailing Address

27900 US 19 N
CLEARWATER FL 33761
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/29/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3260463

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WYNS, STEPHEN
27930 U.S. 19 NORTH
CLEARWATER FL 34621-4904

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 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME WYNS, STEPHEN P
STREET ADDRESS 2086 GARY COURT
CITY-ST-ZIP PALM HARBOR FL 34683

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME WYNS, MAUREEN
STREET ADDRESS 2086 GARY COURT
CITY-ST-ZIP PALM HARBOR FL 34683

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME GITCHEL, DAVID
STREET ADDRESS 2326 TIMBERCREST CIR. WEST
CITY-ST-ZIP CLEARWATER FL 34623

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME EMERY, JOHN
STREET ADDRESS 2033 DAWN DR
CITY-ST-ZIP CLEARWATER FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME LONGLAND, TIMOTHY
STREET ADDRESS 1664 CLEVELAND STREET
CITY-ST-ZIP CLEARWATER FL 34615

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME ELLIOT, BOB
STREET ADDRESS 1402 LENNOX RD E
CITY-ST-ZIP PALM HARBOR FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Stephen P. Wyns* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-25-99 727 7241223
Date Daytime Phone #

CR2E037 (1/98)