

SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Sep 03 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N95000000239 (2)

1. Corporation Name  
 THE CORNERSTONE MARTIAL ARTS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
 7884 ST. ANDREWS ROAD LAKE WORTH FL 33467

3. Date Incorporated or Qualified  
 01/13/1995  
 4. FEI Number 65-0553633 Applied For Not Applicable  
 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. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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

9. Name and Address of Current Registered Agent

ROBINSON, ROY  
 7884 ST. ANDREWS ROAD  
 LAKE WORTH FL 33467

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

| 12. OFFICERS AND DIRECTORS |                       |                                 |
|----------------------------|-----------------------|---------------------------------|
| TITLE                      | D                     | <input type="checkbox"/> DELETE |
| NAME                       | ROBINSON, ROY         |                                 |
| STREET ADDRESS             | 7884 ST. ANDREWS ROAD |                                 |
| CITY-ST-ZIP                | LAKE WORTH FL 33467   |                                 |
| TITLE                      | D                     | <input type="checkbox"/> DELETE |
| NAME                       | EDWARDS, LAURA        |                                 |
| STREET ADDRESS             | 188 WOODLANDS ROAD    |                                 |
| CITY-ST-ZIP                | PALM SPRINGS FL 33461 |                                 |
| TITLE                      | D                     | <input type="checkbox"/> DELETE |
| NAME                       | LUCAS, LISA           |                                 |
| STREET ADDRESS             | 188 WOODLANDS ROAD    |                                 |
| CITY-ST-ZIP                | PALM SPRINGS FL 33461 |                                 |
| TITLE                      |                       | <input type="checkbox"/> DELETE |
| NAME                       |                       |                                 |
| STREET ADDRESS             |                       |                                 |
| CITY-ST-ZIP                |                       |                                 |
| TITLE                      |                       | <input type="checkbox"/> DELETE |
| NAME                       |                       |                                 |
| STREET ADDRESS             |                       |                                 |
| CITY-ST-ZIP                |                       |                                 |
| TITLE                      |                       | <input type="checkbox"/> DELETE |
| NAME                       |                       |                                 |
| STREET ADDRESS             |                       |                                 |
| CITY-ST-ZIP                |                       |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |   |
|---|--|---|
| 1.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |  |   |
| 1.3 STREET ADDRESS                                    |  |   |
| 1.4 CITY-ST-ZIP                                       |  |   |
| 2.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |  |   |
| 2.3 STREET ADDRESS                                    |  |   |
| 2.4 CITY-ST-ZIP                                       |  |   |
| 3.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |  |   |
| 3.3 STREET ADDRESS                                    |  |   |
| 3.4 CITY-ST-ZIP                                       |  |   |
| 4.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |  |   |
| 4.3 STREET ADDRESS                                    |  |   |
| 4.4 CITY-ST-ZIP                                       |  |   |
| 5.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |  |   |
| 5.3 STREET ADDRESS                                    |  |   |
| 5.4 CITY-ST-ZIP                                       |  |   |
| 6.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address.

SIGNATURE: Roy Robinson Roy ROBINSON 8/20/98 561-433-9546  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)