

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1997

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

97-98 AR

FILED

98 MAY -1 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
CORNERSTONE MISSIONARY BAPTIST
CHURCH N95000000955

Principal Place of Business Mailing Address

208 S PARAMORE AVE
ORLANDO FL 32805

3. Date Incorporated or Qualified 3a. Date of Last Report

2. Principal Place of Business

21 208 PARAMORE AVE
Suite, Apt. #, etc.

2a. Mailing Address

26 SAME
Suite, Apt. #, etc.

4. FEI Number

59-323/506

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

22 City & State

23 ORLANDO FL

24 32805

25 ORANGE

27 City & State

28 ORLANDO FL

29 32805

30

9. Name and Address of Current Registered Agent

HARRY MORALL II 905 W.
MORALL + CARGY COLONIAL DR
ATTORNEYS AT LAW ORLANDO FL
32804

10. Name and Address of New Registered Agent

81 Name MORALL + CARGY ATTYS. AT LAW
82 Street Address (P.O. Box Number is Not Acceptable)
905 W. COLONIAL DR
83
84 City ORLANDO FL 85 Zip Code 32804

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

Harry A. McManam

(NOTE: Registered Agent signature required when resigning)

DATE

4/30/98

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME KEVIN SEGAL
STREET ADDRESS 4502 CANNA DR
CITY-ST-ZIP ORLANDO FL 32839

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECRETARY P
1.2 NAME DANNA L JACKSON
1.3 STREET ADDRESS 2000 OSTAWOOD
1.4 CITY-ST-ZIP ORLANDO FL 32818

2.1 TITLE TREASURER D
2.2 NAME EDWARD MATTHEWS
2.3 STREET ADDRESS 2303 MYRNA ST.
2.4 CITY-ST-ZIP ORLANDO FL 32839

3.1 TITLE VICE PRESIDENT D
3.2 NAME CLINTON SALTER
3.3 STREET ADDRESS 1516 GROOMS AVE
3.4 CITY-ST-ZIP ORLANDO FL 32839

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

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

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

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/97 407/648-1162
Date Daytime Phone #

CR2E037 (9/96)