FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

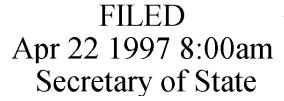
Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT #
1. Corporation Name

N95000000974 (4)

CORNERSTONE BAPTIST CHURCH OF OCALA, INC.





Principal Place of Business		Mailing Addr	Mailing Address			n fambliðir mið falðir myrk mann mastr æðini annir mann mann sann hann hann þræn		
8862 SE 59 AVENUE OCALA FL 34472		SILVER SPRIN	P.O. BOX 670 SILVER SPRINGS FL 34489-0870					
US		US				3. Date Incorporated or Qualified 02/28/1995	3a. Date of Last Report 04/26/1996	
2. Principal Place of Business 21		2a. Mailing A	2a. Mailing Address			4. FEI Number 59-3270289	Applied For Not Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27	<u></u>			e. Cermicate of Status Desired	Fee Required	
City & State	e	<u>├</u>	City & State			6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	28 Zip	·····	Country		Trust Fund Contribution	Added to Fees	
24	25	29	30	, ´		This corporation has liability for Florida Statutes	Intangible tax under s. 199.032,	
27	9. Name and Address of Cu	The second secon		'		10. Name and Address of New Re		
				81	Name			
DURHAM, LARRY				82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
2601 SE	38TH STREET					areas (r.e. box rambar is recorded)		
OCALA	FL 34471			83				
				84	City		85 Zip Code	
		0000 1014 1500	and Arrest	45.0.5.			FL:	
11. Pursuant office or r	to the provisions of Sections 617 egistered agent, or both, in the 8	.0502 and 617.1508, F State of Florida. Such c	iorida Statutes, hange was auth	the above orized by	s-named co the corpor	propration submits this statement for the pration's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered	
agent. I a	m familiar with, and accept the c	obligations of, Section 6	317.0503, Florid	a Statutes	. .			
SIGNATURE .	Signature, typed or printed name of registers	ed agent and title if applicable.	(NOTE: FIG	gistered Ape	ni signature rec	ulred when reinstating)	DAYE	
12.		AND DIRECTORS	,	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
TITLE	PD		DELETE	1.1 TOTLE			☐ Change ☐ Addition	
NAME	Durham, Larry			1.2 NAME				
STREET ADDRESS	2601 SE 38TH STREET			1.3 STREET	ADDRESS			
CHY-SY-ZIP	OCALA FL 34471			1.4 CITY-S	T-ZIP			
TITLE	VD	L	DELETE	2.1 TITLE	- 1		Change Addition	
NAME	OLSON, JEFF C			2.2 NAME	1			
STREET ADDRESS	6550 SE 88TH STREET			2.3 STREET				
DITY - ST - ZIP	OCALA FL 34472 STD		DELETE	2.4 CITY-S 3.1 TITLE	ST-ZIP		☐ Change ☐ Addition	
TITLE NAME	BREWER, WILLIAM J	L	1 Nerrit	3.3 TITLE 3.2 NAME			C CHAIR C NUMBER	
STREET ADDRESS	5640 SE 23RD LANE			3.3 STREET	ADDRESS			
CITY-S1-ZIP	OCALA FL 34471			3.4. CITY-S				
TITLE			DELETE	4.1 TITLE	·		☐ Change ☐ Addition	
NAME				4. 2 NAME				
STREET ADORESS				4.3 STREET	ADORESS			
CITY-ST-7IP				4.4 CITY-S	T-ZIP			
TITLE		L.	DELETE	5.1 TITLE			Change Addition	
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP			Brieve	5.4 CITY - S	T-ZIP		Observe T Admire	
TITLE		L.	DELETE	6.1 TITLE			Change Addition	
NAME				6.2 NAME			•	
STREET ADDRESS				6.3 STREET	1		•	
CITY-ST-ZIP				6.4 CITY - S	T- Z(P			

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.

Daytime Phone # 0066149