

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N95000003318 (1)**

1. Corporation Name

**CORNERSTONE OUTREACH CENTER, INCORPORATED**



Principal Place of Business

Mailing Address

700 WEST TRUMAN AVENUE #1720  
PENSACOLA FL 32505

~~700 WEST TRUMAN AVENUE #1720~~  
~~PENSACOLA FL 32505~~  
6427 Hampton Rd  
Pensacola FL 32505

3. Date Incorporated or Qualified  
**07/13/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

**59-3322009**

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, RAY S**  
**700 WEST TRUMAN AVENUE #1720**  
**PENSACOLA FL 32505**

81 Name

**WHITE, RAY S**

82 Street Address (P.O. Box Number is Not Acceptable)

**6427 Hampton Rd**

83

84

**Pensacola**

**FL**

85 Zip Code  
**32505**

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

TITLE **PD** ☐ DELETE  
NAME **WHITE, RAY**  
STREET ADDRESS **700 W TRUMAN AVE #1720**  
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **VD** ☐ DELETE  
NAME **BROOKS, JONATHAN**  
STREET ADDRESS **7700 DEBORAH DRIVE**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **STD** ☐ DELETE  
NAME **WILLIAMS, PAULA**  
STREET ADDRESS **3131 NORTH 10TH AVENUE**  
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **WHITE, RAY**  
1.3 STREET ADDRESS **6427 Hampton Rd**  
1.4 CITY-ST-ZIP **Pensacola FL 32505**

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

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **4470 Spanish Tr Rd #74**  
3.4 CITY-ST-ZIP **Pensacola, FL 32504**

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

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

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), 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, changed, or on an attachment with an address.

SIGNATURE:

**Ray S. White**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/2/96** **479-1484**  
Date Daytime Phone #

CR2E037 (12/95)