

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 # N95000004259 (6)

1. Corporation Name

CORNERSTONE BAPTIST CHURCH OF LAKE COUNTY, INC.

Principal Place of Business

40925 W. SIXTH AVENUE
UMATILLA FL 32784

Mailing Address

40925 W. SIXTH AVENUE
UMATILLA FL 32784



3. Date Incorporated or Qualified

09/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 50 E. STEVENS AVE

26 P.O. Box 1096

4. FEI Number

59-3338766

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 Suite C

28 Suite, Apt. #, etc.

23 EUSTIS, FL

28 EUSTIS, FL

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

24 32726

25 Country

29 32726

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIRBY, WILLIAM
40925 W. SIXTH AVENUE
UMATILLA FL 32784

81 Name SCOTT DAWSON, SR.

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

15802 Oak Glenn Way

83

84 City TAVARES

FL

85 Zip Code 32778

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 SCOTT DAWSON, SR.

Signature, typed or printed name of registered agent and title if applicable.

Scott Dawson SR

3-25-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME STUART, WILLIS
STREET ADDRESS 187 N. GRANDVIEW AVENUE
CITY-ST-ZIP UMATILLA FL 32784

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Change

Addition

TITLE VD
NAME DAWSON, SCOTT
STREET ADDRESS 15802 OAK GLEN WAY
CITY-ST-ZIP TAVARES FL 32778

DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change

Addition

TITLE SD
NAME SANDERS, MARY
STREET ADDRESS P.O. BOX 391 N/A
CITY-ST-ZIP PLYMOUTH FL 32678

DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change

Addition

TITLE TD
NAME KIRBY, WILLIAM
STREET ADDRESS 40925 W. SIXTH AVENUE
CITY-ST-ZIP UMATILLA FL 32784

DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change

Addition

TITLE D
NAME ECKLER, ELAINE
STREET ADDRESS 35 SEMINOLE, OAK SPRING MOBILE HOME PARK
CITY-ST-ZIP SORRENTO FL 32776

DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

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)(k), 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

3-25-96

Date

(352) 669-4572

Daytime Phone #

CR2E037 (12/95)