

FILE NOW: FILING FEE IS \$61.25

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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004259 (6)**
 1. Corporation Name
CORNERSTONE BAPTIST CHURCH OF LAKE COUNTY, INC.



Principal Place of Business	Mailing Address
50 E. STEVENS AVE SUITE C EUSTIS FL 32726	P.O. BOX 1296 EUSTIS FL 32727-1296

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

3. Date Incorporated or Qualified 09/05/1995	3a. Date of Last Report 03/30/1996
4. FEI Number 59-3338766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DAWSON, SCOTT SR.
15802 OAK GLENN WAY
TAVARES FL 32778**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STUART, WILLIS	
STREET ADDRESS	187 N. GRANDVIEW AVENUE	
CITY - ST - ZIP	UMATILLA FL 32784	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DAWSON, SCOTT SR.	
STREET ADDRESS	15802 OAK GLEN WAY	
CITY - ST - ZIP	TAVARES FL 32778	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SANDERS, MARY	
STREET ADDRESS	P.O. BOX 391 N/A	
CITY - ST - ZIP	PLYMOUTH FL 32878	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KIRBY, WILLIAM	
STREET ADDRESS	40925 W. SIXTH AVENUE	
CITY - ST - ZIP	UMATILLA FL 32784	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ECKLER, ELAINE	
STREET ADDRESS	35 SEMINOLE, OAK SPRING MOBILE HOME PARK	
CITY - ST - ZIP	SORRENTO FL 32776	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOANN Westbrook
4.3 STREET ADDRESS	600 W. Woodward Ave.
4.4 CITY - ST - ZIP	EUSTIS, FL 32726
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Veima DAWSON
5.3 STREET ADDRESS	15802 Oak Glen Way
5.4 CITY - ST - ZIP	TAVARES, FL 32778
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 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: *Mary M. Sanders* MARY M SANDERS 3-6-97 (407) 849-4352
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013721

CR2E037 (9/96)