

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004780 (1)

1. Corporation Name

CORNERSTONE MISSIONARY CHURCH INC.

Principal Place of Business

926 15TH ST. WEST
BRADENTON FL 34205

Mailing Address

926 15TH ST. WEST
BRADENTON FL 34205



3. Date Incorporated or Qualified
10/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number
65-0625654

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME ADAMS, REV. TROY
STREET ADDRESS 2860 51ST ST.
CITY-ST-ZIP SARASOTA FL 34234 ☒ DELETE

TITLE V
NAME PRUNA, REV. ROBERT
STREET ADDRESS 5205 DAVID AVE.
CITY-ST-ZIP SARASOTA FL 34234 ☒ DELETE

TITLE ST
NAME CURRY, MARY LOUISE
STREET ADDRESS 5205 DAVID AVE.
CITY-ST-ZIP SARASOTA FL 34234 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1.1 TITLE P/D
1.2 NAME ADAMS, REV. TROY
1.3 STREET ADDRESS 2860 51st ST.
1.4 CITY-ST-ZIP SARASOTA, FL 34234 ☒ Change ☐ Addition

2.1 TITLE V/D
2.2 NAME PRUNA, REV. ROBERT
2.3 STREET ADDRESS 5205 DAVID AVE
2.4 CITY-ST-ZIP SARASOTA, FL 34234 ☒ Change ☐ Addition

3.1 TITLE S/T/D
3.2 NAME CURRY, MARY LOUISE
3.3 STREET ADDRESS 5205 DAVID AVE SARASOTA FL 34234 ☒ Change ☐ Addition

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

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

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:

Rev. Robert Pruna

Robert Pruna

1/19/96

(941)

351-1434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)