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FILED

Mar 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000002437 (9)

1. Corporation Name

CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

4502 CANNA DR  
ORLANDO FL 328394502 CANNA DR  
ORLANDO FL 32839-31193. Date Incorporated or Qualified  
05/07/1996

3a. Date of Last Report

4. FEI Number

☒ Applied For  
☐ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATHIS, JACINTA M  
5979 VINELAND RD, SUITE 216  
ORLANDO FL 32819

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 D ☐ DELETE  
NAME SERAAJ, KEVIN  
STREET ADDRESS 4502 CANNA DR  
CITY-ST-ZIP ORLANDO FL 328391.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE D ☒ DELETE  
NAME MORALL, HARRY II  
STREET ADDRESS 4243 N LAKE ORLANDO PARKWAY  
CITY-ST-ZIP ORLANDO FL 328052.1 TITLE ☒ Change ☐ Addition  
2.2 NAME Joel Dixon Jr  
2.3 STREET ADDRESS 5651 Marvel Ave  
2.4 CITY-ST-ZIP ORL, FL 32839TITLE D ☐ DELETE  
NAME MAXWELL, MARY  
STREET ADDRESS 1425 BRUTON BLVD  
CITY-ST-ZIP ORLANDO FL 328053.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D ☒ DELETE  
NAME GANDY, BRENDA  
STREET ADDRESS 4833 BETY SUE TERRACE  
CITY-ST-ZIP ORLANDO FL 328084.1 TITLE ☒ Change ☐ Addition  
4.2 NAME Edward C. Matthews  
4.3 STREET ADDRESS 2303 MYRNA Street  
4.4 CITY-ST-ZIP ORL, FL 32839TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0017896

CR2E037 (9/96)